

**Arizona Department of Health Services  
Division of Public Health Services  
Office of Health Systems Development**

**Designation of Arizona Medically Underserved Areas**

**May 2006**

**Janet Napolitano, Governor**

**Susan Gerard, Director**

## **INTRODUCTION**

The Arizona Medically Underserved Area (AzMUA) report is prepared by the Arizona Department of Health Services, as mandated by A.R.S. § 36-2352. Within the Arizona Department of Health Services, Division of Public Health, the Office of Health Systems Development (HSD) is responsible for activities associated with the implementation of A.R.S. § 36-2352.

HSD is responsible for assisting communities in obtaining both state and federal shortage designations. Additionally, HSD manages the Arizona Loan Repayment Program established by A.R.S. § 36-2172. The Arizona Loan Repayment Program provides incentives in the form of loan repayment for primary health care providers to work in medically underserved areas.

Nondepartment programs that require AzMUA designation include: the Arizona medical student loan program under A.R.S. Title 15, Chapter 13, Article 7; priority consideration by the University of Arizona School of Medicine under A.R.S. § 15-1751 for applicants who demonstrate a willingness to practice in the state's underserved areas; use of health crisis fund monies under A.R.S. § 36-797 for "basic health services delivery disruptions, caused by unforeseen circumstances"; and the establishment of health services districts under A.R.S. § 48-2201.

## **COMPONENTS OF THE REPORT**

A.R.S. § 36-2352 requires that a report be produced every two years for the purposes of providing an update related to criteria and recommended changes to the primary care index, a list of current designated Arizona Medically Underserved Areas, and a summary of resources provided to communities based on the Arizona Medically Underserved Area designation.

## **THIS REPORT CONTAINS:**

- The 2006 Arizona Department of Health Services, Arizona Medically Underserved Area list at <http://www.azdhs.gov/hsd/profiles/azmuarpt.pdf> and map of designated areas at <http://www.azdhs.gov/hsd/profiles/azmua.pdf>
- A listing of Arizona Loan Repayment Program sites at <http://www.azdhs.gov/hsd/profiles/arizonaloanrepaymentprogramsites.pdf> and map at <http://www.azdhs.gov/hsd/profiles/azloanrepayment.pdf>
- Arizona Medically Underserved Area Health Services rules in Title 9A.A.C. Chapter 24 at [http://www.azsos.gov/public\\_services/Title\\_09/9-24.htm](http://www.azsos.gov/public_services/Title_09/9-24.htm)
- Primary Care Provider Loan Repayment rules in the A.A.C. R9-15-101 and R9-15-201 through R9-15-218 at [http://www.azsos.gov/public\\_services/Title\\_09/9-15.htm](http://www.azsos.gov/public_services/Title_09/9-15.htm)

As authorized in A.R.S. § 36-2352, the Medically Underserved Area report includes federal designated primary care health professional shortage areas (HPSA) as well as state designated areas. Currently, Arizona has 86 AzMUAs; 16 of these AzMUAs lie within the boundaries of Indian Tribal land.

## **SUMMARY**

Through the use of AzMUA designations, resources can be targeted to those communities facing the greatest challenges in the provision of primary care services. The Department continues to work closely with communities and organizations in exploring appropriate designation, coordinating the delivery and expansion of primary care services.

Further information regarding the designation of medically underserved areas is available from the Arizona Department of Health Services, Office of Health Systems Development, 602-542-1219 or electronically at <http://www.azdhs.gov/hsd/>.

# Arizona Medically Underserved Areas (AzMUA)\*

May, 2006

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b>		
<b>PCA - Primary Care Area</b>		
Ajo HPSA	190049.001, 190050.001, 190050.002, 190050.003, 190050.004	Ajo, Chico Shunie, Childs, Gibson, Gunsight, John The Baptist, Lukeville, Mexican Town, Quitobaquito, Rowood, The Adobe, Why
Apache Junction HPSA	210003.011, 210003.012, 210003.013, 210003.014, 210003.015, 210003.016, 210003.031, 210003.032, 210003.041, 210003.042, 210003.043, 210003.044, 210003.045, 210003.046, 210003.051, 210003.052, 210003.053, 210003.054, 210003.061, 210003.062	Apache Junction, Apache Junction, Bluebird Mine, Bulldog Mine, Goldfield, Goldfield Mine, Kings Ranch, Palm Springs, Youngberg
Arivaca HPSA	190043.131, 190043.141, 190043.142, 190043.151, 190043.152, 190043.153, 190043.161, 190043.162, 190043.163, 190043.164	Amado, Arivaca, Arivaca Junction, Arivaca King Mine, Elkhorn Ranch, Golden Star Mine, Green Valley, La Canada Ranch, Las Guijas, Old Sopori School, Pima Spur, Pino Blanco Ranch, Presumido Store, Puertocito, Punta Del Agua, Rancho De La Osa, Rancho Seco, Roades Ranch, Robles Junction, Sahuarita, San Xavier, Sandwash Mill, Sasabe, Secundino, Silver Coin Mine, Three Points, Twin Buttes Mine
Ash Fork HPSA	250001.001, 250001.002	Ash Fork, Audley, Chino Station, Crookton, Lake Mary, Nelson, Pica, Seligman, Yampai
Avondale/Tolleson HPSA	130610.031, 130610.032, 130610.033, 130610.034, 130610.041, 130610.042, 130610.043, 130610.051, 130610.052, 130610.053, 130610.054, 130610.055, 130610.091, 130610.092, 130612.001, 130612.002, 130612.003, 130612.004, 130613.001, 130614.001, 130614.002, 130614.003, 130614.004, 130821.001, 130821.002, 130822.011, 130822.012, 130822.013, 130822.021, 130822.022	Avondale, Cashion, Goodyear, Griggs, Litchfield Junction, McMicken, Perryville, Tolleson
Benson HPSA	030003.001, 030003.002, 030003.003, 030003.004	Benson, Bradberry, Cascabel, Chamiso, Curtiss, Dragoon, Fenner, Hookers Hot Springs, Johnson, Land, Mescal, Pomerene, Saint David, Sibyl, Tully

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Bisbee HPSA	030010.001, 030010.002, 030011.001, 030011.002, 030011.003, 030012.001, 030012.002, 030012.003, 030020.001, 030020.002, 030021.001, 030021.002, 030021.003	Bakerville, Bisbee, Bisbee Junction, Black Gap, Bledsoe, Briggs, Copper Queen, Corta Junction, Don Luis, Forrest, Galena, Hereford, Highland Park, Huachuca Terrace, Lowell, Miracle Valley, Naco, Neff, Nicksville, Palominas, Paul Spur, Ramsey, Rancho De Hannon, Rancho Del Rio, Rileys B Encinar, Rileys El Encinar, Saginaw, San Pedro, Sierra Vista Southeast, South Bisbee, Stark, Sunnyside, Tintown, Warren
Buckeye HPSA	130506.011, 130506.012, 130506.013, 130506.014, 130506.021, 130506.022, 130506.031, 130506.032, 130506.033, 130507.001, 130507.002, 130507.003, 130507.004	Agua Caliente, Allenville, Arlington, Buckeye, Camel, Conger, Crag, Dixie, Gila Bend Indian Reservation, Gillespie, Harqua, Hassayampa, Liberty, Montezuma, Palo Verde, Papago, Saddle, Sundad, Tonopah, Valencia, Wintersburg
Bullhead City HPSA	159514.001, 159514.002, 159515.001, 159515.002, 159515.003, 159516.001, 159516.002, 159516.003, 159516.004, 159516.005, 159516.006, 159516.007, 159517.001, 159517.002, 159517.003, 159517.004, 159517.005, 159518.001, 159518.002, 159518.003, 159518.004, 159519.001, 159519.002, 159519.003	Bullhead City, Riviera
Central/West Pinal HPSA	210008.001, 210008.002, 210008.003, 210009.001, 210009.002, 210010.001, 210010.002, 210010.003, 210010.004, 210011.001, 210011.002, 210011.003, 210011.004, 210012.001, 210012.002, 210013.011, 210013.012, 210013.013, 210013.014, 210013.021, 210013.022, 210013.023, 210013.024, 210014.011, 210014.012, 210014.013, 210014.021, 210014.022, 210014.023, 210014.024, 210014.025, 210014.026, 210015.001, 210015.002, 210015.003, 210016.001, 210016.002, 210016.003, 210017.001, 210017.002, 210017.003, 210019.001, 210019.002, 210019.003, 210019.004, 210019.005, 210020.001, 210020.002, 210020.003, 210020.004, 210020.005, 210021.001, 210021.002, 210021.003, 210021.004, 210021.005	Avra, Adamsville, Ak-Chin Village, Arizola, Arizona City, Blue Water, Bon, Borree Corner, Boy Farms, Cactus Forest, Casa Grande, Casa Grande Valley, Central Arizona College, Coolidge, Deep Well Ranch, Eleven Mile Corner, Eloy, Falcon Valley, Falcon Valley Ranch, Florence, Florence Station, Francisco Grande, Friendly Corners, Heaton, Hidden Valley, La Palma, Laguna, Maricopa, Nariska, Oracle Junction, Papago Gin, Peters Corner, Picacho Pass, Randolph, Red Rock, Rock House, Stanfield, Toltec, Valley Farms, Wymola

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Chandler HPSA	135229.011, 135229.012, 135229.021, 135229.022, 135229.023, 135229.024, 135229.025, 135230.021, 135230.022, 135230.023, 135230.024, 135230.025, 135230.026, 135230.031, 135230.032, 135230.033, 135230.034, 135231.021, 135231.022, 135231.023, 135231.024, 135231.044, 135231.045, 135231.046, 135231.047	Warner Park
Chinle HPSA	019427.001, 019427.002, 019427.003, 019427.004, 019441.001, 019441.002, 019441.003, 019441.004, 019441.005, 019442.001, 019442.002, 019442.003, 019442.004, 019442.005, 019443.001, 019443.002, 019443.003, 019443.004, 019443.005, 019443.006, 179444.001, 179444.002, 179444.003, 179444.004, 179444.005, 179444.006	Black Mountain Trading Post, Black Pinnacle Campground, Blue Gap, Canyon De Chelly National Monument, Chinle, Chinle Valley Store, Copper Mine, Cottonwood, Cove, Coyote Springs, Del Muerto, Dinnebito, Emmanuel Mission, Flat Rock, Forest Lake Chapter House, Low Mountain, Lower Wheatfields, Lukachukai, Many Farms, Mexican Water, Nazlini, Pinon, Red Mesa, Red Rock, Rock Point, Rock Point Trading Post, Rocky Ridge, Rough Rock, Round Rock, Salina Springs, Smoke Signal, South Shore Campground, Sweetwater, Tahchee, Teec Nos Pos, Tes Nez Iah, Totacon, Tsaille, Twin Falls, Upper Greasewood Trading Post, Upper Wheatfields, Wheatfields, Yazzi
Continental HPSA	190041.051, 190041.052, 190041.061, 190041.071, 190041.072, 190041.081, 190041.091, 190041.092, 190041.093	Camp Cameron, Continental, Corona, Corona de Tucson, Duval, Empire Ranch, Fish Well Corral, Franco Ranch, Greaterville, Helvetia, Madera Canyon, New Tucson, Rosemont Junction, Sahuarita Heights, Vail
Cordes Junction HPSA	250015.001, 250015.002, 250015.003	Arcosanti, Cedar Mill, Cordes Junction, Cordes Lakes, Dandrea, Dugas, Lancaster, Mayer, Poland Junction Substation
Dilkon HPSA	179445.007, 179447.001, 179447.002, 179447.003, 179447.004, 179447.005, 179447.006	Bidahochi, Bidahochi Trading Post, Bird Springs, Castle Butte, Cedar Springs, Dilkon, Greasewood, Indian Wells, Lower Greasewood, Na Ah Tee, Seba Dalkai, Teesto, Twin Buttes, White Cone

<b>AzMUA Name</b>	<b>Blockgrp00</b>	<b>Other Places in Area</b>
<b>HPSA - Primary Care Health Professional Shortage Area</b>		
<b>PCA - Primary Care Area</b>		
Dolan Springs HPSA	159504.001, 159504.002, 159505.001, 159505.002	Antares, Archibald Corral, Bonelli Landing, Cerbat, Chloride, Cyclopic, Dolan Springs, Fry Mine, Gold Chain Mine, Grasshopper Junction, Hualapai Valley Joshua Trees, Katherine, Lake Mohave Resort, Meadview, Mineral Park, Mohave Crossing, Patterson Corral, Pearce Ferry, Ray Place, Santa Claus, South Cove, Stockton, Temple Bar Marina, Truxton, Valentine, White Hills, Willow Beach
Douglas HPSA	030006.001, 030006.002, 030007.001, 030007.002, 030008.001, 030008.002, 030008.003, 030009.001, 030009.002, 030009.003, 030009.004, 030009.005, 030009.006	Bernardino, Calumet, Cazador, Douglas, Hood Hafassienda, Pirtleville, Rancho San Jose
El Mirage HPSA	130608.001, 130608.002, 130609.001, 130609.002, 130610.061, 130610.062, 130610.063, 130610.071, 130610.072, 130610.073, 130610.074, 130610.075, 130610.081, 130610.082, 130611.009	El Mirage, Luke Afb, Surprise, Waddell
Elfrida HPSA	030005.001, 030005.002, 030005.003	Apache, Camp Rucker, Chiricahua, Double Adobe, Elfrida, Galeyville, Grizzles Orchard, McNeal, Paradise, Portal
Fort McDowell Mohave- Apache Indian Community PCA	130202.011	Fort McDowell
Fort Mohave HPSA	159405.001, 159405.002, 159405.003, 159405.004, 159405.005, 159405.006, 159520.001, 159520.002, 159520.003	Beals Crossing, Catfish Paradise, Fort Mohave, Fort Mojave Indian Reservation, Golden Shores, Hardyville, Mohave Valley, Mojave City, Topock
Fredonia HPSA	050020.001, 050020.002, 050020.003, 050020.004	Beehive Rock, Big Springs, Big Springs Point, Cane, Chair Crossing, Fredonia, Glen Canyon Dam, House Rock, Jacob Lake, Lees Ferry, Mangum Springs, Marble Canyon, North Rim, One Mile, Ryan, Vermilion Cliffs, Vista Encantada, Wahweap

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Ganado HPSA	019440.001, 019440.002, 019440.003, 019440.004, 019440.005, 019449.001, 019449.002, 019449.003, 019449.004, 019449.005, 019449.006, 019449.007, 019449.008, 019450.001, 019450.002, 019450.003, 019450.004, 019450.005, 019450.006	Allentown, Burntwater Trading Post, Cedar Point Trading Post, Chapter House, Cornfields, Cross Canyon, Fluted Rock Lake, Fort Defiance, Ganado, Houck, Hunters Point, Karrigan Trading Post, Kinlichee, Klagetoh, Klagnetoh Trading Post, Lupton, Milkwater, Pine Springs, Round Top Trading Post, Saint Michaels, Sawmill, Steamboat Canyon, Sunrise Springs, Sunrise Trading Post, Tanner Springs, Toyei, Tse Bonita Tribal Park, Tsintaa Yiti Ii, Two Story Trading Post, White Clay, Wide Ruins, Window Rock, Window Rock Pumping Station, Wood Springs
Gila Bend HPSA	137233.021, 137233.022, 137233.023, 139407.001	Alpha, Big Horn, Black Gap, Bosque, Chiulikam, Coledon, Cotton Center, Desert Station, Enid, Estrella, Freeman, Gila Bend, Gila Bend AFB, Halfway Corral, Kaka, Kenyon Station, Maivayi, Midway, Midway Station, Mobile, Piedra, Point of Rocks, Powers Butte Farms, Rainbow Valley, Rocky Point, San Lucy Village, Sentinel, Shawmut, Sil Murk, Smurr, Stanwix, Tartron, Tertron, Theba, Totopitk
Gila River Indian Community PCA	139410.001, 139410.002, 139411.001, 219410.001, 219410.002, 219411.001, 219411.002, 219411.003, 219412.001, 219412.002, 219412.003	Bapchule, Blackwater, Burns, Camp Rivers, Casa Blanca, Co-Op Village, Cottonwood, Dock, Firebird Lake, Gila Crossing, Gila River Indian Reservation, Komatke, Lone Butte Ranch, Maricopa Village, Morgans Ferry, Olberg, Poston, Sacate, Sacaton, Sacaton Flats, Santa Cruz, Santan, Snaketown, South Santan, St Johns, Stotonic, Sweetwater, Villa Buena



AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Glendale HPSA	130923.041, 130923.042, 130923.043, 130923.044, 130923.045, 130923.071, 130923.072, 130923.073, 130923.074, 130923.075, 130923.076, 130923.081, 130923.082, 130923.083, 130923.084, 130923.085, 130923.091, 130923.092, 130923.093, 130923.094, 130923.095, 130923.096, 130923.097, 130923.101, 130924.001, 130924.002, 130924.003, 130924.004, 130924.005, 130924.006, 130924.007, 130924.008, 130925.001, 130925.002, 130925.003, 130926.001, 130926.002, 130926.003, 130926.004, 130927.031, 130927.032, 130927.033, 130927.034, 130927.035, 130927.036, 130927.049, 130927.051, 130927.052, 130927.053, 130927.111, 130927.112, 130927.121, 130927.122, 130927.131, 130927.132, 130927.141, 130927.142, 130927.143, 130927.144, 130928.001, 130928.002, 130928.003, 130928.004, 130928.005, 130928.006, 130929.001, 130929.002, 130929.003, 130929.004, 130930.001, 130930.002, 130930.003, 130930.005, 130930.006, 130930.007, 130930.008, 130931.011, 130931.012, 130931.013, 130931.014, 130931.015, 130931.016, 130931.021, 130931.022, 130931.023, 130931.024, 130931.026, 130931.027, 130931.028, 130931.047, 130931.048, 130931.049, 131042.051, 131042.052, 131042.053, 131042.054, 131042.055, 131042.056, 131042.061, 131042.062, 131042.063, 131056.011, 131056.012, 131056.013, 131056.014, 131056.022, 131056.023, 131056.024, 131056.025, 131057.011, 131057.012, 131057.013, 131057.014, 131057.021, 131057.022, 131057.023, 131057.024, 131058.001, 131058.002, 131058.003, 131058.004, 131058.005, 131059.001, 131059.002, 131059.003, 131059.004, 131059.005, 131069.001, 131069.002, 131069.003, 131069.004, 131069.005, 131070.001, 131070.002, 131070.003, 131070.004, 131070.005, 131070.006, 131071.011, 131071.012, 131071.013, 131071.021, 131071.023, 131072.011, 131072.012, 131072.021, 131072.022, 131072.023, 131072.024	Glendale, Mountain View Meadows

<b>AzMUA Name</b>	<b>Blockgrp00</b>	<b>Other Places in Area</b>
<b>HPSA - Primary Care Health Professional Shortage Area</b>		
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Globe HPSA	070008.001, 070008.002, 070008.003, 070008.004, 070009.001, 070009.002, 070009.003, 070009.004, 070010.001, 070010.002, 070010.003, 070010.004, 070010.005, 070011.001, 070011.002, 070011.003, 070011.004, 070011.005, 070011.006, 070012.001, 070012.002, 070012.003	Bellevue, Black Rock, Burch, Central Heights, Chrysotile, Claypool, Copper City, Copper Hill, Dimario Place, Globe, Government Hill, Grapevine, Inspiration, Little Acres, McMillianville, Miami, Midland City, Pinal, Radium, Roosevelt, Tonto, Tucker
Grand Canyon Village HPSA	050017.001, 050017.002, 050017.003, 050017.004, 050018.001, 050018.002, 050018.003, 050019.001, 050019.002, 050019.003, 050019.004, 050019.006, 050019.007, 050019.008	Anita Station, Chalender, Coconino, Corva, Cucamonga Junction, Daze, Fraziers Well, Grand Canyon Caverns, Grand Canyon Village, Hermits Rest, Hualapai Hilltop, Maine, Parks, Pine Springs Ranch, Pumpkin Center, Quivero, Red Lake, Redrock City, Rose Well Camp, Serenio, Sereno Spring, Sherwood Forest Estates, Spring Valley Guard Station, Supai, Tusayan, Valle, Valve House, Willaha, Williams, Williams Junction, Williams Ski Run, Woodin
Greenlee HPSA	119901.001, 119901.002, 119902.001, 119902.002, 119902.003, 119903.001, 119903.002, 119903.003	Balke Cabin, Apache Grove, Aragon Place, Blue, Blue Vista, Buffalo Crossing, Carlton Vista, Cleaveland, Clifton, Coronado, Duncan, Fox, Franklin, Granville, Guthrie, Hannagan Campground, Hannagan Meadow, Hardy, Maques Place, Metcalf, Morenci, Plantsite, Santa Rosa Mine, Sheldon, Sprucedale, Spur Cross, Stargo, Strayhorse, Three Way, Whispering Pines, Woolaroc, York
Guadalupe PCA	133200.021, 133200.022	Guadalupe
Hayden HPSA	070013.001, 070013.002, 070013.003	Chilito, Christmas, Dripping Springs, El Capitan, Hayden, Winkelman
Heber/Overgaard HPSA	179607.001, 179607.002, 179607.003	Aripine, Burton, Cactus Flat Windmill, Clay Springs, Heber, Heber-Overgaard, Linden, Overgaard, Pinedale
Holbrook HPSA	179601.001, 179601.002, 179602.001, 179602.002, 179602.003, 179605.001, 179605.002	Goodwater, Headquarters, Hibbard, Holbrook, Joseph City, Manila, Penzance, Petrified Forest National Park, Sun Valley

<b>AzMUA Name</b>	<b>Blockgrp00</b>	<b>Other Places in Area</b>
<b>HPSA - Primary Care Health Professional Shortage Area</b>		
<b>PCA - Primary Care Area</b>		
Hopi HPSA	179410.001, 179410.002, 179410.003, 179410.004, 179411.001, 179411.002, 179411.003, 179448.001	Bacobi, Chakpahu, Five Houses, Hano, Hard Rocks, Hopi Indian Reservation, Hotevilla, Jeddito, Kawaika-A, Keams Canyon, Kokopnyama, Kykotsmovi Village, Mishongnovi, Moqui Pueblos, Nesuftanga, Old Oraibi, Old Orchard Picnic Ground, Old Shongopavi, Oraibi, Pink Arrow, Po Ni Vi, Polacca, Second Mesa, Shipolovi, Shongopovi, Sichomovi, Sipaulovi, Toreva, Walpi, Wepo Village
Hualapai Tribe PCA	059404.001, 159404.001, 259404.001	Hindu Canyon, Hualapai Indian Reservation, Peach Springs, Robbers Roost
Kayenta HPSA	019426.001, 179423.001, 179423.002, 179424.001, 179424.002, 179425.001, 179425.002	Baby Rock, Betatakin Overlook, Betatakin Ruin, Chilchinbito, Dennehotso, Kayenta, Monument Valley, Navajo Indian Reservation, Navajo National Monument Campground, Round Top Mesa Campground, Shonto, Tsegi, Tsegi Point, Tsegi Point Overlook, Wagon Wheel Rest Area
Kingman HPSA	159506.001, 159506.002, 159506.003, 159506.004, 159507.011, 159507.012, 159507.013, 159507.021, 159507.022, 159507.023, 159508.001, 159508.002, 159508.003, 159508.004, 159508.005, 159509.001, 159506.005, 159506.006, 159509.002, 159509.003, 159509.004, 159510.001, 159510.002, 159510.003, 159510.004, 159510.005, 159511.001, 159511.002, 159511.003, 159511.004	Athos, Alamo Crossing, American Mine, Aquarius Cliffs, Artillery Mountains, Artillery Peak, Berry, Black Canyon, Black Diamond Mine, Blue Rock, Burro Cliffs, Burro Mine, Cedar, Chalk Spring Canyon, Cherokee, Devils Canyon, Drake, Farrel Mountain, Franconia, Golden Valley, Goldroad, Gordon Canyon, Greenwood, Greenwood Peak, Griffith, Hackberry, Harris, Haviland, Hilltop, Hopewell Ranch, Kaiser Spring Canyon, Kingman, Leivas Ranch, Loves Camp, Loves Mine, Lower Simmons Peak, Madril Ranch, McConnico, Neale Mesa, Neeye Mine, Oatman, Pony Mesa, Powell, Priceless Mine, Pyramid Rock, Raster Wash, Red Canyon, Rohr Ranch, Signal, Signal Canyon, Signal Mountain, Six Mile Crossing, Snow Mountain, Uslm, Virginia City, Wagon Bow Ranch, Wagon Canyon, Walapai, Warm Spring Canyon, White Rock, Wikieup, Yucca
La Paz HPSA	120201.001, 120201.002, 120201.003, 120202.001, 120202.002, 120202.003, 120205.001, 120205.002, 120205.003, 120205.004, 120206.001, 120206.002, 120206.009, 129402.001, 129402.002, 129402.003, 129402.004, 129403.001, 129403.002, 129403.003, 129403.004, 129403.005, 129403.006	Adobe Lake, Bouse, Brenda, Browns Crossing, Bush Pit, Centennial, Cibola, Cienega Springs, Colorado River Indian Reservation, Ehrenberg, Harcuvar, Hope, Love, McVay, Normmel Place, Parker, Planet, Plomosa, Poston, Quartzsite, Salome, Swansea, Utting, Vicksburg, Vicksburg Junction, Wall, Wenden

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Marana HPSA	190044.091, 190044.092, 190044.191, 190044.192, 190044.193, 190044.201, 190044.202	Avra, Avra Valley, Dobson, Nelson, Old Well Corral, Picture Rocks, Rancho Del Esperanza, Rillito, Saguaro, Silverbell
Mohave North HPSA	159501.001, 159501.002, 159501.003	Beaver Dam, Cane Beds, Colorado City, Esplins Corral, Honeymoon Trail, Hualpais Village, Indian Moccasin, Kaibab, Kaibab-Paiute Indian Reservation, Littlefield, Moccasin, Mt. Trumbull, Oak Grove, Pipe Spring National Monument, Rock Crossing, Tuweep, Wolf Hole
Northern Young HPSA	070001.001, 070001.002, 070001.003, 070001.004, 070002.001, 070002.002, 070002.003, 070003.001, 070003.002, 070003.003, 070003.004, 070004.001, 070004.002, 070004.003, 070005.001, 070005.002, 070005.003	Christopher Creek, Indian Gardens, Kohls Ranch, Mountain Meadow, Payson, Payson Indian Reservation, Pine, Rye, Star Valley, Strawberry, Tonto Village, Wipala Wiki Ranch
Page/Tuba City HPSA	050021.001, 050021.002, 050021.003, 050021.004, 050021.005, 050021.006, 050021.007, 059411.001, 059411.002, 059412.001, 059422.001, 059422.002, 059422.003, 059422.004, 059422.005, 059445.001, 059445.002, 059445.003, 059445.004, 059445.005, 059445.006, 059445.007, 059446.001, 059446.002, 059446.003, 059446.004	Behihlih, Bitter Springs, Black Falls Crossing, Blue Canyon, Cameron, Canyon Diablo, Cedar Ridge, Coal Mine, Colorado River Gorge Outlook, Cow Springs, Dinosaur Tracks, Elephant Feet, Goldtooth, Grand Falls Campground, Gray Mountain, Inscription House, Inscription House Trading Post, Kaibito, Leupp, Moenave, Moenkopi, Old Leupp, Page, Rainbow Lodge, Rare Metals, Red Lake Trading Post, Sand Springs, Sunrise, Tanners Crossing, The Gap, Tiis Holoni, Tolani Lakes, Tolchico, Tonalea, Tuba City, Willow Springs
Pascua Yaqui Tribe PCA	190051.001, 190051.002	Pascua Yaqui
Rio Salado HPSA	131128.001, 131128.002, 131129.001, 131129.002, 131129.003, 131129.004, 131129.005, 131131.001, 131131.002, 131131.003, 131131.004, 131138.001, 131138.003, 131138.004, 131139.001, 131139.004, 131140.001, 131140.002, 131140.003, 131141.001, 131142.001, 131142.002, 131143.011, 131143.012, 131143.021, 131143.022, 131149.001, 131149.002, 131149.003, 131149.004, 131150.001, 131150.002, 131150.003, 131151.001, 131151.002	

<b>AzMUA Name</b>	<b>Blockgrp00</b>	<b>Other Places in Area</b>
<b>HPSA - Primary Care Health Professional Shortage Area</b>		
<b>PCA - Primary Care Area</b>		
Salt River Pima-Maricopa Indian Community PCA	130202.021, 130202.022	Evergreen Station, Marysville, Salt River, Salt River Indian Reservation
San Carlos Apache Tribe PCA	079404.001, 079404.002, 079404.003, 079404.004, 079404.005, 079404.006, 079404.007, 099405.001, 099405.002, 099405.003	Arsenic Tubs, Ash Creek Ranch, Bear Canyon Junction, Black River, Bylas, Calva, Cutter, Dehorn, Natches, Natural Corral, Peridot, Point of Pines, Rocky Junction, San Carlos, San Carlos, Sawmill, Seneca, Tule Tubs, Turkey Spring Corral
San Pedro Valley HPSA	210006.011, 210006.012, 210006.013, 210006.014, 210006.015, 210006.016, 210006.017, 210006.021, 210007.001, 210007.002, 210007.003, 210007.004, 219404.006	Barkerville, Aravaipa Farms, Blake Place, Campo Bonito, Casa del Oro, Cochran, Coolidge Dam, Copper Creek, Dudleyville, Fordville, Highjinks, Hortons Place, Lion Jose Corral, Mammoth, North Mammoth, Old Mill, Oracle, Parsons Grove, Rancho Linda Vista, Rancho Solano, San Manuel, Sombrero Butte, The Big House, The Ruiz, Tiger, Wire Corral
San Xavier District PCA	199409.001	San Xavier Indian Res
Sanders HPSA	019451.001, 019451.002	Chambers, Navajo, Sanders

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Santa Cruz HPSA	239960.001, 239960.002, 239960.003, 239961.011, 239961.012, 239961.013, 239961.021, 239961.022, 239961.023, 239961.024, 239962.001, 239962.002, 239963.001, 239963.002, 239963.003, 239963.004, 239964.011, 239964.012, 239964.021, 239964.022	Ashburn, Austerlitz, Agua Fria, Agua Linda, Amado, Bell Mare Mining Camp, Benedict, Beyerville, Brickwoods Ranch, Buena Vista Ranch, Calabasas, Campo Loco, Canelo, Carmen, Casa Blanca, Casa Piedra, Castro, Chapo Ranch, Chaves, Chief Mine, Corral Nuevo, Duquesne, Elgin, Farallon, Finleys, Fort Buchanan, Fort Crittenden, Gotos Crossing, Guadalupe Cruz, Guevavi Mission, Hacienda Del Santa Rita, Hacienda Los Encino, Harshaw, Humboldt Mine, Juan Encinas, Kino Springs, Larimore, Lochiel, Lowells, Lows Ranch, Mansunita, Marshalls, Morales House, Nogales, Old Glory, Oro Blanco, Otero, Partridge, Patagonia, Pecks, Pena Blanca Lake, Pina Sopori Ranch, Rain Valley Ranch, Rancho Costa Plente, Rancho Santa Cruz, Rio Rico Northeast, Rio Rico Northwest, Rio Rico Southeast, Rio Rico Southwest, Ruby, San Cayetano De Tamacacori, San Rafael, Santa Rita, Sheehys, Silva, Sonoita, Titus, Trench Camp, Tubac, Tumacacori, Tumers Ranch, Wadsworths, Wards, Washington Camp, Worlds Fair Mine
Snowflake HPSA	179609.001, 179609.002, 179609.003, 179609.004, 179610.001, 179610.002, 179610.003	Cedar Hills, Martinez Lake, Shumway, Silver Creek, Snowflake, Taylor, White Mountain Lake, Woodruff, Zeniff
Somerton HPSA	270114.011, 270114.012, 270114.013, 270114.021, 270114.022, 270114.023, 270115.011, 270115.012, 270115.013, 270115.014, 270115.021, 270115.022, 270115.023, 270115.024, 270116.001, 270116.002, 270116.003	Cocopah Indian Res, Gadsden, San Luis, Somerton, Somerton Siding

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b>		
<b>PCA - Primary Care Area</b>		
South Central Phoenix	131103.001, 131103.002, 131103.003,	
HPSA	131103.004, 131103.005, 131103.006,	
	131103.007, 131104.001, 131104.002,	
	131104.003, 131104.004, 131104.005,	
	131104.006, 131104.007, 131105.001,	
	131105.002, 131105.003, 131105.004,	
	131105.005, 131106.001, 131106.002,	
	131106.003, 131106.004, 131106.005,	
	131106.006, 131107.011, 131107.012,	
	131107.013, 131107.021, 131107.022,	
	131107.023, 131107.024, 131108.001,	
	131108.002, 131108.003, 131108.004,	
	131108.005, 131108.006, 131108.007,	
	131108.008, 131109.001, 131109.002,	
	131109.003, 131109.004, 131109.005,	
	131109.006, 131109.007, 131109.008,	
	131109.009, 131113.001, 131113.002,	
	131113.003, 131113.004, 131113.005,	
	131113.006, 131114.011, 131114.012,	
	131114.013, 131114.014, 131114.021,	
	131114.022, 131114.023, 131114.024,	
	131115.011, 131115.021, 131115.022,	
	131115.023, 131115.024, 131115.025,	
	131116.011, 131116.012, 131116.013,	
	131116.021, 131116.022, 131116.023,	
	131116.024, 131116.025, 131117.001,	
	131117.002, 131117.003, 131117.004,	
	131117.005, 131117.006, 131117.007,	
	131117.008, 131118.001, 131118.002,	
	131118.003, 131118.004, 131118.005,	
	131119.001, 131119.002, 131119.003,	
	131130.001, 131130.002, 131130.003,	
	131130.004, 131132.011, 131132.012,	
	131132.021, 131132.022, 131132.031,	
	131132.032, 131132.033, 131133.001,	
	131133.002, 131133.003, 131133.004,	
	131133.005, 131133.006, 131134.001,	
	131135.001, 131135.002, 131135.003,	
	131135.004, 131135.005, 131136.011,	
	131136.022, 131136.023, 131136.024,	
	131137.001, 131137.002, 131137.003,	
	131137.004, 131137.006, 131137.007,	
	131137.008	

AzMUA Name	Blockgrp00	Other Places in Area
HPSA - Primary Care Health Professional Shortage Area		
PCA - Primary Care Area		
South Mountain HPSA	131152.001, 131152.002, 131152.003, 131152.004, 131152.005, 131153.001, 131153.002, 131154.001, 131154.002, 131155.001, 131155.002, 131155.003, 131156.001, 131157.001, 131157.002, 131157.003, 131158.011, 131158.012, 131158.021, 131158.022, 131159.001, 131159.002, 131160.001, 131160.002, 131160.003, 131161.001, 131161.002, 131161.003, 131162.031, 131162.032, 131162.041, 131162.042, 131162.043, 131163.001, 131163.002, 131163.003, 131164.001, 131164.002, 131164.003, 131165.001, 131165.002, 131165.003, 131166.011, 131166.012, 131166.013, 131166.014, 131166.015, 131166.021, 131166.022, 131167.021, 131167.022, 131167.023, 131167.024, 131167.025, 131167.031, 131167.032, 131167.033	Citrus Hills, Laveen, Villa Monte Vista
Southwest Phoenix HPSA	131095.001, 131095.002, 131095.003, 131096.011, 131096.012, 131096.013, 131096.021, 131096.022, 131096.023, 131096.031, 131096.033, 131096.041, 131096.042, 131096.043, 131097.011, 131097.012, 131097.013, 131097.021, 131097.022, 131097.031, 131097.032, 131097.041, 131097.042, 131097.051, 131097.052, 131098.013, 131098.014, 131098.021, 131098.022, 131125.021, 131125.022, 131125.023, 131125.031, 131125.032, 131125.033, 131125.034, 131125.035, 131125.041, 131125.042, 131125.051, 131125.052, 131125.053, 131125.054, 131125.061, 131125.062, 131125.063, 131125.071, 131125.081, 131125.082, 131147.011, 131147.022, 131147.033, 131148.001, 131148.002, 131148.003	Maryvale Terrace, Phoenix, Santa Maria
St. Johns/Springerville HPSA	019702.001, 019702.002, 019702.003, 019703.001, 019703.002, 019703.003, 019704.001, 019704.002, 019704.003, 019704.004	Adamana, Alpine, Beaverhead, Boneyard, Concho, Eagar, El Tule, Feaster, Floy, Greer, Hunt, Northwoods, Nutrioso, Pinta, Richville, Rosebud, Saint Johns, Salado, Springerville, Three Forks, Troweek, Tule, Vernon, Witch Well Trading Post



AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Superior/Kearny HPSA	210002.011, 210002.012, 210002.021, 210002.031, 210002.032, 210002.033, 210002.034, 210004.001, 210004.002, 210004.003, 210004.004, 210004.005, 210004.006, 210005.001, 210005.002, 210005.003, 210005.004, 210005.005	Aylors Caballo Camp, Bellavista Farms, Branaman, Charlebois Trail, Florence Junction, Gold Canyon, Hayden Junction, Hewitt Station, Kearny, Kelvin, Magma, Navajo Station, Old Pinal Townsite, Palmer Mine, Pinon Camp, Price, Queen Creek, Queen Valley, Ray, Ray Junction, Reymert, Riverside, Rogers Troughs, Rrr Ranch, Smelter Town, Sonora, Superior, Superior Dump, Troy, Whitlow Corral
Tohono O'Odham Nation PCA	199406.001, 199406.002, 199407.001, 199407.002, 199407.003, 199408.001, 199408.002, 199408.003, 199408.004, 219406.001	Achi, Ahan Owuch, Ahe Vonam, Ak Chut Vaya, Ak Komelik, Ali Chuk, Ali Chukson, Ali Molina, Ali Oidak, Anegam, Artesa, Bibyak, Big Field, Buenos Aires, Cababi Mine, Charco, Charco De La Piedra, Chiapuk, Chiawuli Tak, Chiuli Shaik, Chot Vaya, Choulic, Chuichu, Chukson, Chukut Kuk, Chutum Vaya, Chuwut Murk, Coldfield, Comobabi, Covered Wells, Cowlic, Coyote Field, Cucklebur, Curnahauti, Emika, Ernika, Fesnal, Fesnal Canyon, Green Mine, Gu Achi, Gu Chuapo, Gu Oidak, Gu Vo, Gurli Put Vo, Haivan Vaya, Haivana Nakya, Hali Murk, Hashan Chuchg, Hickiwan, Hoa Murk, Hoi Oidak, Iron Pipe, Itak, Jackrabbit, Kahachi Miliuk, Kaihon Kug, Ko Vaya, Kohatk, Kom Kug, Kom Vo, Komak Wuacho, Kots Kug, Kuakatch, Kui Tat, Kuit Vaya, Kupk, Little Tucson, Maish Vaya, Makgum Havoka, Menagers Dam, Midnite Mine, Narcho Santos, Nawt Vaya, Newfield, Noipa Kam, Nolic, North Komelik, Oit Ihuk, Palo Verde Stand, Pan Tak, Papago Farms, Papago Indian Reservation, Pavo Kug, Peach Pu, Pia Oik, Piato Vaya, Picacho, Pipyak, Pisinemo, Pitoikam, Queens Well, Quijotoa, Quinlin, Rincon, San Agustin, San Juan Spring, San Luis, San Luis Pima Co, San Miguel, San Pedro, San Rafael, San Serafin, San Vicente, Santa Cruz, Santa Lucia, Santa Rosa, Sapano Vaya, Schuchk, Schuchuli, Sells, Shaotkam, Shopishk, Sif Vaya, Sikort Chuapo, Sikul Himatk, Sil Nakya, Siovi Shuatak, Sivili Chuchg, Skoksonak, South Komelik, Stan Shuatuk, Stoa Pitk, Stotonyak, Supi Oidak, Sweetwater, Tat Momoli, Tatai Toak, Tat Kam Vo, Tatsum Vo, Tatnick, Tecolete, The Gate, Tohono O'Odham Indian Reservation, Topawa, Uhs Kug, Utevak, Vainom Kug, Vaiva Vo, Vakamok, Vamori, Vaya Chin, Ventana, Viason Chin, Vopolo Havoka, Wahak Hotrontk, Wickchoupai

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Tombstone HPSA	030004.001	Arizona Sun Sites, Black Diamond, Charleston, Contention, Courtland, Fairbank, Gleeson, Lewis Springs, Tombstone
Tucson Central HPSA	190001.001, 190001.002, 190003.001, 190003.002, 190003.003, 190003.004, 190003.005, 190004.001, 190004.002, 190004.003, 190004.004, 190004.005, 190004.006, 190004.007, 190005.001, 190005.002, 190005.003, 190005.004, 190005.005, 190005.006, 190005.007, 190007.001, 190007.002, 190007.003, 190007.004, 190007.005, 190007.006, 190008.001, 190008.002, 190008.003, 190008.004, 190008.005, 190009.001, 190009.002, 190009.003, 190009.004, 190009.005, 190010.001, 190010.002, 190013.012, 190013.013, 190013.014, 190013.015, 190013.016, 190013.017, 190013.018, 190013.022, 190013.023, 190013.024, 190013.025, 190014.001, 190014.002, 190014.003, 190014.004, 190014.005, 190020.001, 190020.002, 190020.003, 190020.004, 190020.005, 190020.006, 190020.007, 190021.002, 190021.003, 190021.004, 190021.005, 190021.006, 190022.001, 190022.002, 190022.003, 190022.004, 190022.005, 190022.006, 190022.007, 190023.001, 190023.002, 190023.003, 190023.004, 190023.005, 190023.006, 190023.007	South Tucson, Tucson
Tucson Southeast HPSA	190024.001, 190024.002, 190024.003, 190024.004, 190024.005, 190024.006, 190024.007, 190037.011, 190037.012, 190037.013, 190037.014, 190037.021, 190037.022, 190037.023, 190037.024, 190037.041, 190037.042, 190037.051, 190037.052, 190037.053, 190038.011, 190038.012, 190038.013, 190038.014, 190038.021, 190038.022, 190038.023, 190041.041, 190041.042, 190041.043, 190041.044, 190041.045, 190041.101, 190041.102, 190041.111, 190041.112, 190041.113, 190041.121, 190041.122	

AzMUA Name	Blockgrp00	Other Places in Area
<b>HPSA - Primary Care Health Professional Shortage Area</b> <b>PCA - Primary Care Area</b>		
Tucson Southwest HPSA	190002.001, 190002.002, 190002.003, 190011.001, 190011.002, 190011.003, 190011.004, 190011.005, 190012.001, 190012.002, 190012.003, 190025.011, 190025.012, 190025.013, 190025.031, 190025.032, 190025.033, 190025.041, 190025.042, 190025.051, 190025.061, 190039.011, 190039.021, 190039.022, 190039.031, 190039.032, 190043.101, 190043.102, 190043.111, 190043.112, 190043.113, 190043.114, 190043.121, 190043.122, 190043.123, 190043.124, 190043.125, 190043.211, 190043.212, 190043.221, 190043.222, 190044.074, 190044.075, 190045.041, 190045.042, 190045.043, 190045.044, 190045.045	Drexel Heights
Wellton/Mohawk HPSA	270105.001, 270105.009, 270106.001, 270112.001, 270112.002, 270112.003, 270113.009	Asher, Aztec, Adonde, Barry M Goldwater Air Force Range, Colfred, Dateland, Dome, Engesser Junction, Fort Yuma Indian Reservation, Griswells, Growler, Horn, Hyder, Kim, Kinter, Kofa, Ligurta, Mohawk, Noah, Norton, Owl, Palomas, Radium Hot Springs, Roll, Stovall, Tacna, Tanque Aloma, Tyson, Wellton, Yuma Proving Ground
West Phoenix HPSA	131093.001, 131093.002, 131093.003, 131094.001, 131094.002, 131094.003, 131094.004, 131094.005, 131094.006, 131099.001, 131099.002, 131099.003, 131099.004, 131100.011, 131100.012, 131100.021, 131100.022, 131100.023, 131101.001, 131101.002, 131101.003, 131101.004, 131121.001, 131121.002, 131121.003, 131122.011, 131122.012, 131122.013, 131122.024, 131122.025, 131122.026, 131122.027, 131123.011, 131123.012, 131123.013, 131123.014, 131123.021, 131123.022, 131123.023, 131123.024, 131124.011, 131124.012, 131124.013, 131124.021, 131124.022, 131124.023, 131124.024, 131126.011, 131126.012, 131126.021, 131126.022, 131126.023, 131126.024, 131126.025, 131127.001, 131127.002, 131127.003, 131127.004, 131127.005, 131127.006, 131144.011, 131144.012, 131144.021, 131144.022, 131145.001, 131145.002, 131145.003, 131145.004, 131146.001, 131146.002	Capri Village, Catalina Village, Maryvale

<b>AzMUA Name</b>	<b>Blockgrp00</b>	<b>Other Places in Area</b>
<b>HPSA - Primary Care Health Professional Shortage Area</b>		
<b>PCA - Primary Care Area</b>		
White Mountain Apache Tribe PCA	019401.001, 019403.001, 079402.001, 079402.002, 179401.001, 179401.002, 179401.003, 179401.004, 179403.001, 179403.002, 179403.003	Canyon Day, Carrizo, Cedar Creek, Cibecue, Cibecue Creek, Deer Springs, East Fork, Forestdale Trading Post, Fort Apache, Fort Apache Indian Reservation, Fort Apache Junction, Grasshopper, Hawley Lake, Hon Dah, Indian Pine, Kinney Junction, Maverick, McNary, Sevenmile, Whiteriver
Wickenburg HPSA	130405.021, 130405.022, 130405.023, 130405.024, 130405.091, 130405.092, 130405.093, 130405.094	Aguila, Circle City, Forepaugh, Gladden, Morristown, Wickenburg, Wittmann
Winslow HPSA	179604.001, 179604.002, 179604.003, 179604.004, 179605.003, 179605.004, 179606.001, 179606.002, 179606.003	West Winslow, Winslow
Yavapai South HPSA	250014.001, 250014.002, 250014.003, 250014.004, 250014.005	Big Reef Mill, Black Canyon City, Black Rock Mine, Bradshaw City, Briggs, Bumble Bee, Burro John, Button Mine, Casa Rosa, Castle Hot Springs, Champie Ranch, Chilean Mill, Cleator, Columbia, Congress, Constellation, Copperopolis, Cordes, Crown King, Date, Date Creek Ranch, East Fort, Flores, Fort Misery, Fort Tule, French Lilly Mine, Gillette, Glen Ilah, Glen Oaks, Gold Bar Mine, Goodwin, Hawkins, Hazlett Hollow Campground, Hooper, Horsethief Basin, Humburg, Kentuck Spring Campground, Kirkland, Kirkland Junction, Lapham, Lehman Mill, Minnehaha, Octave, Packer, Peeples Valley, Piedmont, Rock Springs, Shelley, South Fort, Spring Valley, Stanton, Turney Gluch Campground, Wagoner, Walnut Grove, Wilhoit, Yarnell
Young HPSA	070006.001, 070006.002, 070006.003, 070007.001	Coffeepot, Dagger, Gallups, Gisela, Jakes Corner, Punkin Center, Spurlock, Tonto Basin, Willow, Young
Yuma-North PCA	270001.001, 270001.002, 270002.001, 270002.002, 270002.003, 270003.011, 270003.012, 270003.021, 270003.022, 270003.023, 270004.011, 270004.012, 270004.013, 270004.021, 270004.022, 270004.023, 270005.001, 270005.002, 270005.003	
Yuma-West PCA	270110.001, 270110.002	Luding Siding, Steam

AzMUA Name	Blockgrp00	Other Places in Area
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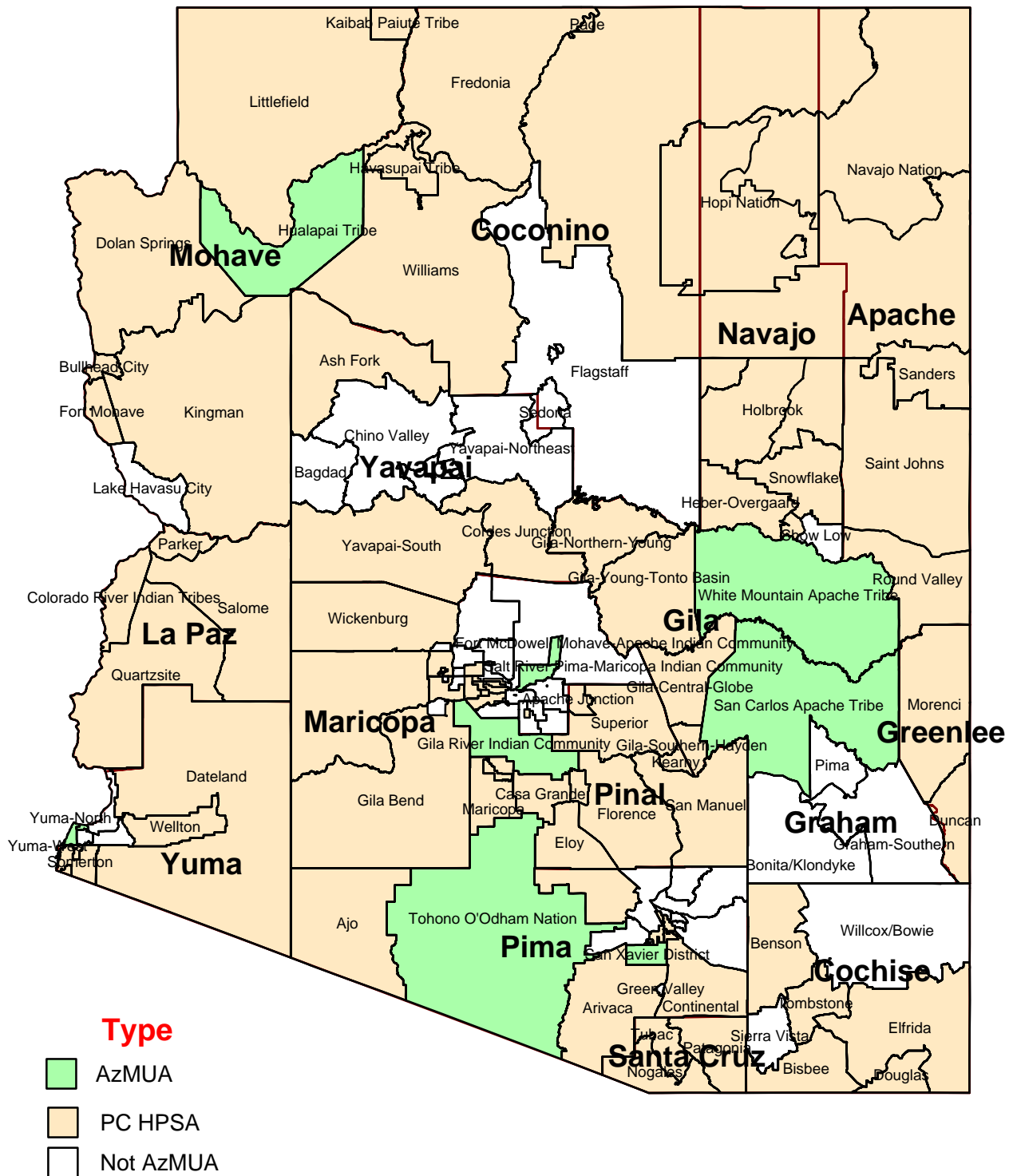
HPSA - Primary Care Health Professional Shortage Area  
PCA - Primary Care Area

\*A.R.S. 36-2352 requires the Arizona Department of Health Services to designate areas of medical underservice.

# Arizona

## Medically Underserved Areas (AzMUA)

*April 2006*



OFFICE OF HEALTH SYSTEMS DEVELOPMENT  
Arizona Department of Health Services

**Arizona Department of Health Services  
Arizona Loan Repayment Program  
Participation List**

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**Site ID:** 15 Carondelet Holy Cross Hospital  
1171 W Target Range Rd  
Nogales, AZ 85621-2415

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**Site ID:** 62 Chiricahua Community Health Center - Douglas  
1205 F Ave  
Douglas, AZ 85607-1920

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**Site ID:** 66 Clinica Adelante, Inc.  
16551 N Dysart Rd Ste 104A  
Surprise, AZ 85374-3707

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**Site ID:** 95 El Mirage Family Health Center  
12428 W Thunderbird Rd  
El Mirage, AZ 85335-3113

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**Site ID:** 97 El Rio Health Center  
839 W Congress St  
Tucson, AZ 85745-2819

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**Site ID:** 7 El Rio Health Center - Dental Clinic  
839 W Congress St  
Tucson, AZ 85745-2819

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**Site ID:** 136 HuHuKam Memorial Hospital  
PO Box 38  
Sacaton, AZ 85247-0038

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**Site ID:** 376 Kearny Medical Complex  
100 Tilbury Dr  
Kearny, AZ 85237

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**Site ID:** 375 Main Street Family Practice  
660 S Main St  
Florence, AZ 85232

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**Site ID:** 170 Mariposa Community Health Center  
1852 N Mastick Way  
Nogales, AZ 85621-1063

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**Site ID:** 171 Maryvale Family Health Center - Mihs  
4011 N 51st Ave  
Phoenix, AZ 85031-2601

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**Site ID:** 243 Sage Memorial Hospital  
PO Box 457  
Ganado, AZ 86505-0457

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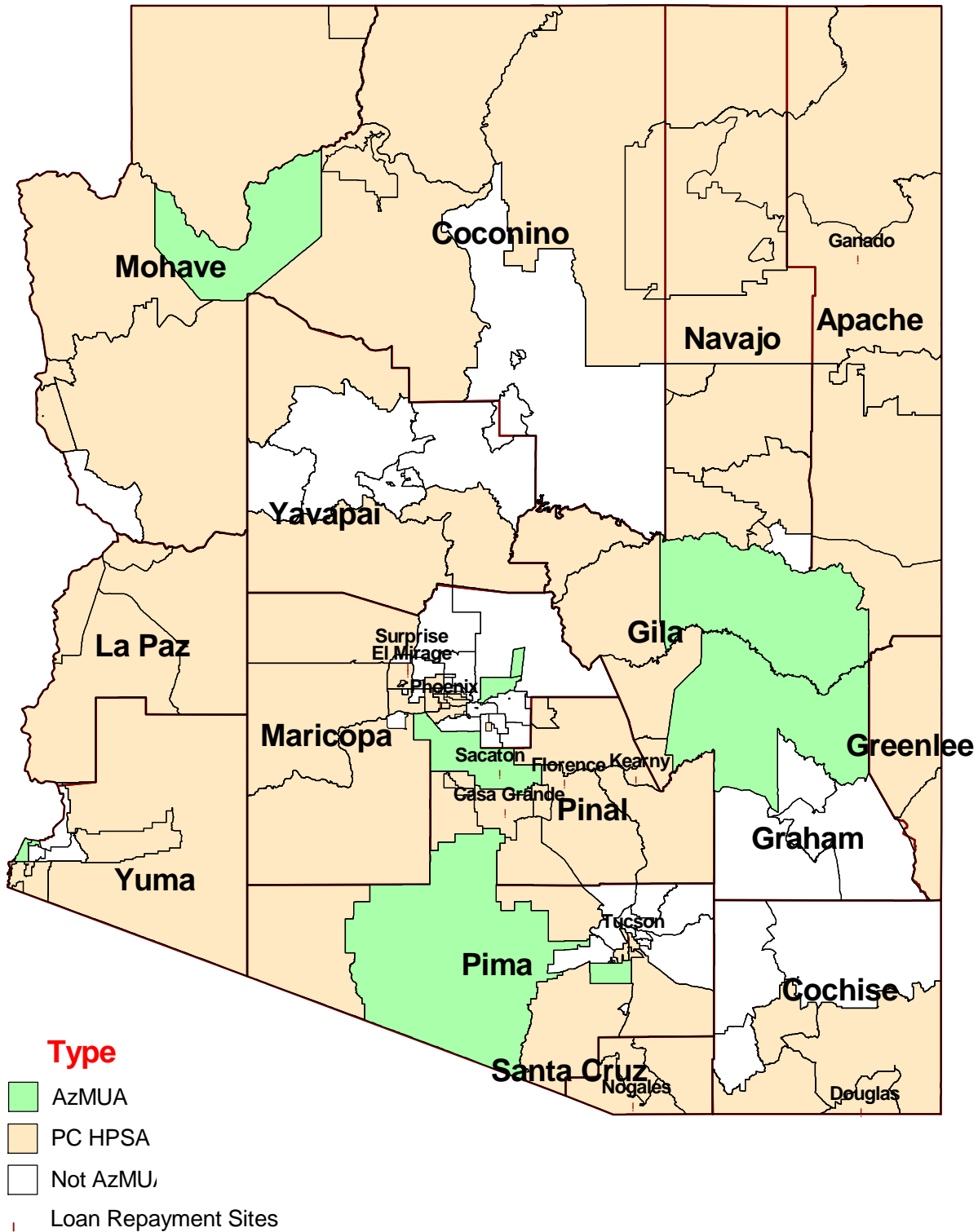
**Site ID:** 284 Sun Life FHC - Casa Grande  
PO Box 10097  
Casa Grande, AZ 85230-0097



# Arizona

## Loan Repayment Sites in AzMUAs

*March 2006*



OFFICE OF HEALTH SYSTEMS DEVELOPMENT  
Arizona Department of Health Services

## TITLE 9. HEALTH SERVICES

CHAPTER 24. DEPARTMENT OF HEALTH SERVICES  
ARIZONA MEDICALLY UNDERSERVED AREA HEALTH SERVICES

## ARTICLE 1. GENERAL

Section	
R9-24-101.	Definitions
R9-24-102.	Time-frames
R9-24-103.	Reserved
R9-24-104.	Reserved
R9-24-105.	Reserved
R9-24-106.	Reserved
R9-24-107.	Reserved
R9-24-108.	Reserved
R9-24-109.	Reserved
R9-24-110.	Reserved
R9-24-111.	Repealed
R9-24-112.	Repealed
R9-24-113.	Repealed

## ARTICLE 2. ARIZONA MEDICALLY UNDERSERVED AREAS

*Article 2 consisting of Sections R9-24-201 through R9-24-205 recodified from R9-24-121 through R9-24-130 (Supp. 95-2).*

Section	
R9-24-201.	Definitions
R9-24-202.	Arizona Medically Underserved Area Designation
R9-24-203.	Primary Care Index
R9-24-204.	Primary Care Area Designation
R9-24-205.	Repealed

## ARTICLE 3. COORDINATING MEDICAL PROVIDERS

*Article 3 consisting of Section R9-24-301 recodified from Sections R9-24-131 through R9-24-140 (Supp. 95-2).*

Section	
R9-24-301.	Definitions
R9-24-302.	Functions

## ARTICLE 4. REPEALED

*Article 4, consisting of Sections R9-24-401 through R9-24-412 and Exhibits A, B, C, and D, repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).*

*Article 4, consisting of Sections R9-24-401 through R9-24-412, adopted effective March 17, 1995 (Supp. 95-2).*

Section	
R9-24-401.	Repealed
R9-24-402.	Repealed
R9-24-403.	Repealed
R9-24-404.	Repealed
R9-24-405.	Repealed
Exhibit A.	Repealed
R9-24-406.	Repealed
R9-24-407.	Repealed
R9-24-408.	Repealed
Exhibit B.	Repealed
R9-24-409.	Repealed
R9-24-410.	Repealed
R9-24-411.	Repealed
Exhibit C.	Repealed
R9-24-412.	Repealed
Exhibit D.	Repealed

## ARTICLE 1. GENERAL

## R9-24-101. Definitions

In this Chapter, unless otherwise specified:

1. "Arizona medically underserved area" means a primary care area that is designated by the Secretary of the United States Department of Health and Human Services as a health professional shortage area or that is designated by the Department using the methodology described in A.A.C. R9-24-203.
2. "Days" means calendar days, excluding the day of the act, event, or default from which a designated period of time begins to run and excluding the last day of the period if it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day that is not a Saturday, a Sunday, or a legal holiday.
3. "Department" means the Arizona Department of Health Services.
4. "Health professional shortage area" means a geographic region designated by the Secretary of the United States Department of Health and Human Services under 42 U.S.C. § 254e as a primary medical care health professional shortage area.
5. "Physician" has the same meaning as in A.R.S. § 36-2351.
6. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
7. "Primary care area" means a geographic region designated as a primary care area by the Department under A.A.C. R9-24-204.
8. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.

## Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

## R9-24-102. Time-frames

- A. The overall time-frame described in A.R.S. § 41-1072 for a request for boundary change under A.A.C. R9-24-204 is 90 days. The person requesting a boundary change and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072 for a request for boundary change under A.A.C. R9-24-204 is 30 days and begins on the date that the Department receives a request for boundary change.
  1. The Department shall mail a notice of administrative completeness or deficiencies to the person requesting a boundary change within the administrative completeness review time-frame.
    - a. A notice of deficiencies shall list each deficiency and the information and documentation needed to complete the request for boundary change.
    - b. If the Department issues a notice of deficiencies within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice is issued until the date that the Department receives the missing information from the person requesting a boundary change.

- c. If the person requesting a boundary change fails to submit to the Department all of the information and documents listed in the notice of deficiencies within 30 days from the date that the Department mails the notice of deficiencies, the Department shall consider the request for boundary change withdrawn.
- 2. If the Department issues an approval to the person requesting a boundary change during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072 is 60 days and begins on the date of the notice of administrative completeness.
  - 1. The Department shall mail written notification of approval or denial of the request for boundary change to the person requesting a boundary change within the substantive review time-frame.
  - 2. During the substantive review time-frame, the Department may make 1 comprehensive written request for additional information, unless the Department and the person requesting a boundary change agree in writing to allow the Department to submit supplemental requests for information.
  - 3. If the Department issues a comprehensive written request or a supplemental request for information, the substantive review time-frame and the overall time-frame shall be suspended from the date that the Department issues the request until the date that the Department receives all of the information requested. If the person requesting a boundary change fails to submit to the Department all of the information and documents listed in the comprehensive written request or supplemental request for information within 30 days from the date that the Department mails the comprehensive written request or supplemental request for information, the Department shall consider the request for boundary change withdrawn.
  - 4. The Department shall approve a request for boundary change under A.A.C. R9-24-204 unless the Department determines that the resulting primary care area does not comply with A.A.C. R9-24-204(A).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

- R9-24-103. Reserved**
- R9-24-104. Reserved**
- R9-24-105. Reserved**
- R9-24-106. Reserved**
- R9-24-107. Reserved**
- R9-24-108. Reserved**
- R9-24-109. Reserved**
- R9-24-110. Reserved**
- R9-24-111. Repealed**

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-112. Repealed****Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-113. Repealed****Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

## ARTICLE 2. ARIZONA MEDICALLY UNDERSERVED AREAS

**R9-24-201. Definitions**

In this Article, unless otherwise specified:

1. "Ambulatory care sensitive conditions" means the illnesses listed as ambulatory care sensitive conditions in Ambulatory Care Access Project, United Hospital Fund of New York, Final Code Specifications for "Ambulatory Care Sensitive" Conditions, "Referral Sensitive" Surgical and Medical Conditions, "Marker" Conditions (July 30, 1991), which is incorporated by reference, on file with the Department and the Office of the Secretary of State, and available from United Hospital Fund, 350 5th Avenue, 23rd Floor, New York, NY 10118-2399. This incorporation by reference contains no future editions or amendments.
2. "Birth life expectancy" means the average life span at the time of birth as published in the most recent United States Life Tables by the National Center for Health Statistics.
3. "Family unit" means:
  - a. A group of individuals residing together who are related by birth, marriage, or adoption; or
  - b. An individual who does not reside with any individual to whom the individual is related by birth, marriage, or adoption.
4. "Full-time" means providing primary care services for at least 40 hours during the 7-day period between Sunday at 12:00 a.m. and Saturday at 11:59 p.m.
5. "Hospital" has the same meaning as in A.R.S. § 36-2351.
6. "HPSA" means health professional shortage area.
7. "Low-weight birth" means live birth of an infant weighing less than 2500 grams or 5 pounds, 8 ounces.
8. "Mobility limitation" means a physical or mental condition that:
  - a. Has lasted for 6 or more months,
  - b. Makes it difficult to go outside the home alone, and
  - c. Is not a temporary health problem such as a broken bone that is expected to heal normally.
9. "Office of Vital Records" means the office of the Department that prepares, publishes, and disseminates vital records.
10. "Population" means the total of permanent residents, according to the most recent decennial census published by the United States Census Bureau or according to the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security.
11. "Poverty level" means the annual income for a family unit of a particular size in the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
12. "Primary care index" means the document in which the Department designates primary care areas as medically

underserved by using the methodology described in A.A.C. R9-24-203.

13. "Primary care provider" means a physician, physician assistant, or registered nurse practitioner providing direct patient care in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology.
14. "Primary care services" means health care provided by a primary care provider.
15. "Self-care limitation" means a physical or mental condition that:
  - a. Has lasted for 6 or more months;
  - b. Makes it difficult to take care of personal needs such as dressing, bathing, or moving around inside the home; and
  - c. Is not a temporary health problem such as a broken bone that is expected to heal normally.
16. "Vital records" has the same meaning as in A.R.S. § 36-301.
17. "Work disability" means a physical or mental condition that:
  - a. Has lasted for 6 or more months,
  - b. Limits an individual's choice of jobs or makes an individual unable to work for 35 or more hours per week, and
  - c. Is not a temporary health problem such as a broken bone that is expected to heal normally.

#### Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-201 recodified from R9-24-121 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

#### R9-24-202. Arizona Medically Underserved Area Designation

The Department shall designate as Arizona medically underserved areas those primary care areas designated as HPSAs by the Secretary of the United States Department of Health and Human Services and those primary care areas identified as medically underserved by the primary care index described in A.A.C. R9-24-203.

#### Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-202 recodified from R9-24-122 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

#### R9-24-203. Primary Care Index

- A. Using the criteria in subsection (B), the Department shall generate a primary care index to designate primary care areas as Arizona medically underserved areas.
  1. The Department shall calculate the value for each criterion as described in subsection (B).
    - a. After calculating the value for each criterion, the Department shall determine the points to be assigned to each value using Table 1.
    - b. The total score for each primary care area is the sum of:
      - i. The points that the primary care area received for each criterion under subsections (B)(1) through (B)(11),
      - ii. The supplementary criteria score under subsection (B)(12), and
      - iii. The sole provider or no provider score under subsection (B)(13).
  2. The Department shall designate as Arizona medically underserved areas those primary care areas that score within the top 25% on the primary care index or that have

point totals greater than or equal to 55, whichever results in the designation of more Arizona medically underserved areas.

- B. The primary care index shall include a score for each of the following criteria for each primary care area:
  1. Population-to-primary-care-provider ratio, determined by dividing the population of the primary care area by the number of primary care providers in the primary care area, using primary care provider data from the Board of Medical Examiners, the Board of Osteopathic Examiners, the Arizona State Board of Nursing, and the Joint Board on the Regulation of Physician Assistants, and counting 1 full-time physician as 1.0 and 1 full-time physician assistant or registered nurse practitioner as .8;
  2. Travel distance to the nearest primary care provider, determined by estimating the distance in miles from the center of the most densely populated area in the primary care area to the nearest primary care provider by the most direct street route;
  3. Composite transportation score, determined by:
    - a. Compiling data on the following 6 indicators using the most recent decennial census published by the United States Census Bureau:
      - i. Percentage of population with annual income less than 100% of the poverty level;
      - ii. Percentage of population older than 65 years of age;
      - iii. Percentage of population younger than 14 years of age;
      - iv. Percentage of population that has a work disability, mobility limitation, or self-care limitation;
      - v. Percentage of population without a vehicle; and
      - vi. The noncommercial-vehicle-to-population ratio;
    - b. Calculating the statewide average value for each of the 6 indicators;
    - c. Dividing the value of each indicator for each primary care area by the statewide average value for that indicator;
    - d. Multiplying the figure calculated under subsection (B)(3)(c) for each indicator by 100; and
    - e. Averaging the 6 indicator values for each primary care area;
  4. Percentage of population with annual income less than 200% of the poverty level, as reported in the most recent decennial census published by the United States Census Bureau;
  5. Percentage of population with annual income between 100% and 200% of the poverty level, as reported in the most recent decennial census published by the United States Census Bureau;
  6. Percentage of uninsured births, determined from Office of Vital Records birth records reporting payment source as "self-pay" or "unknown;"
  7. Ambulatory care sensitive condition hospital admissions, based on the number of hospital admissions for ambulatory care sensitive conditions per 1000 resident individuals aged 65 years or younger, determined from hospital discharge record data provided by the Bureau of Public Health Statistics;
  8. Percentage of low-weight births, determined from data provided by the Office of Vital Records;
  9. Sum of the following, determined from data provided by the Office of Vital Records:

- a. Percentage of births for which the mothers reported having no prenatal care;
  - b. Percentage of births for which the mothers reported commencing prenatal care in the 2nd or 3rd trimester, and
  - c. Percentage of births for which the mothers reported having 4 or fewer prenatal care visits;
  10. Percentage of deaths at ages younger than the birth life expectancy, determined from the birth life expectancy and data provided by the Office of Vital Records;
  11. Number of infant mortalities per 1000 live births, determined from data provided by the Office of Vital Records;
  12. Supplementary criteria score, determined by assigning 2 points for each of the following indicators that exists in the primary care area:
    - a. Percentage of minority population greater than the statewide average for all counties, determined from data in the most recent decennial census published by the United States Census Bureau;
    - b. Percentage of elderly population greater than the statewide average for all counties, determined from data in the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security and from data in the most recent decennial census published by the United States Census Bureau; and
    - c. Average annual unemployment rate greater than the average annual statewide rate, determined from data in the most recent annual report issued by the Arizona Department of Economic Security; and
  13. Sole provider or no provider score, determined by assigning 5 points if the primary care area has only 1.0 or less than 1.0 primary care provider, counting 1 full-time physician as 1.0 and 1 full-time physician assistant or registered nurses .8.
- C. The Department shall generate a primary care index every 12 months to determine Arizona medically underserved area designations. The Department shall withdraw designation, continue designation, or designate a new Arizona medically underserved area based on the criteria in subsections (A) and (B). The Department shall publish and keep on file a list of current Arizona medically underserved areas.

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-203 recodified from R9-24-123 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**Table 1. Primary Care Index Scoring**

CRITERIA	VALUE RANGE	POINTS
Population-to-primary-care-provider ratio	≤ 2000:1	0
	2001:1 to 2500:1	2
	2501:1 to 3000:1	4
	3001:1 to 3500:1	6
	3501:1 to 4000:1	8
	> 4000:1 or no provider	10
Travel distance to nearest primary care provider	≤ 15.0 miles	0
	15.1-25.0 miles	2
	25.1-35.0 miles	4
	35.1-45.0 miles	6
	45.1-55.0 miles	8
	> 55.0 miles	10

Composite transportation score	50th highest score and below	0
	41st-50th highest scores	2
	31st-40th highest scores	4
	21st-30th highest scores	6
	11th-20th highest scores	8
	10 highest scores	10
Percentage of population with annual income less than 200% of poverty level	≤ 15.0%	0
	15.1-25.0%	2
	25.1-35.0%	4
	35.1-45.0%	6
	45.1-55.0%	8
	>55.0%	10
Percentage of population with annual income between 100% and 200% of poverty level	≤ 10.0%	0
	10.1-15.0%	2
	15.1-20.0%	4
	20.1-25.0%	6
	25.1-30.0%	8
	> 30.0%	10
Percentage of uninsured births	≤ 6.0%	0
	6.1-10.0%	2
	10.1-14.0%	4
	14.1-18.0%	6
	18.1-22.0%	8
	>22.0%	10
Ambulatory care sensitive condition hospital admissions	≤ 8.0	0
	8.1-12.0	2
	12.1-16.0	4
	16.1-20.0	6
	20.1-24.0	8
	> 24.0	10
Percentage of low-weight births	≤ 6.0%	0
	6.1-8.0%	2
	8.1-10.0%	4
	10.1-12.0%	6
	12.1-14.0%	8
	>14.0%	10
Sum of the following: a. Percentage of births with no prenatal care, b. Percentage of births with prenatal care begun in 2nd or 3rd trimester, and c. Percentage of births with prenatal care visits ≤ 4	≤ 15.0%	0
	15.1-25.0%	2
	25.1-35.0%	4
	35.1-45.0%	6
	45.1-55.0%	8
	>55.0%	10
Percentage of deaths at ages younger than birth life expectancy	≤ 40.0%	0
	40.1-50.0%	2
	50.1-60.0%	4
	60.1-70.0%	6
	70.1-80.0%	8
	>80.0%	10
Number of infant mortalities per 1000 live births	≤ 4.0	0
	4.1-6.0	2
	6.1-8.0	4
	8.1-10.0	6
	10.1-12.0	8
	>12.0	10

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Supplementary criteria score	1 Criterion	2
	2 Criteria	4
	3 Criteria	6
Sole provider or no provider score	primary care provider $\leq$ 1.0	5
	primary care provider $>$ 1.0	0

**Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-204. Primary Care Area Designation**

A. The Department shall designate primary care areas within the state that meet the following criteria:

- Each primary care area is not smaller than the smallest unit of census geography used on the most recent decennial census published by the United States Census Bureau; and
- The boundaries of each primary care area are consistent with the utilization patterns of its population for primary care services, determined by considering:
  - Topography;
  - Social, cultural, and geopolitical boundaries;
  - Travel patterns for the geographic area; and
  - Data from local planning personnel, government officials, health organizations, primary care providers, and residents of the geographic area about the type, amount, and location of primary care services used by the population.

B. The Department shall consider the following additional factors in determining the boundaries of each primary care area:

- Boundaries of Indian reservations and
- Boundaries of HPSAs.

C. Local planning personnel, government officials, health organizations, primary care providers, or residents of a primary care area may submit to the Department a request to change the boundaries of a primary care area.

- The request shall be made in writing and shall include documentation to support the boundary change. The request shall be submitted by October 1 to be considered for inclusion in the designation process for the following calendar year.
- The time-frames for the request for change of boundaries are in A.A.C. R9-24-102.

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-204 recodified from R9-24-124 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-205. Repealed****Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-205 recodified from R9-24-125 (Supp. 95-2). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**ARTICLE 3. COORDINATING MEDICAL PROVIDERS****R9-24-301. Definitions**

In this Article, unless otherwise specified:

- "CMP" means coordinating medical provider, as defined in A.R.S. § 36-2351.
- "Medical clinic" has the same meaning as in A.R.S. § 36-2351.
- "Medical personnel" means physicians, physician assistants, registered nurse practitioners, and nurses of a medical clinic.

4. "Nurse" means an individual licensed as a graduate, professional, or registered nurse or as a practical nurse under A.R.S. Title 32, Chapter 15.

5. "Support services" means drug prescription services, social services, and provision of durable medical equipment.

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-301 recodified from R9-24-131 (Supp. 95-2). Former Section R9-24-301 renumbered to R9-24-302; new Section R9-24-301 adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-302. Functions**

A. A CMP shall:

- Be involved in planning for the delivery of medical services within the Arizona medically underserved area;
- Ensure access to medical and support services, either directly or by referral, for the residents of the Arizona medically underserved area;
- Develop written protocols that identify areas in which registered nurse practitioners and physician assistants under the CMP's supervision may use independent judgment;
- Have final approval in the selection of registered nurse practitioners and physician assistants working under the CMP's supervision;
- Have authority over and responsibility for the medical direction of all registered nurse practitioners and physician assistants under the CMP's supervision;
- Evaluate medical care provided by registered nurse practitioners and physician assistants under the CMP's supervision through face-to-face contact at least once per week;
- Recommend specific areas of medical education, including instruction in referral sources, and schedule coverage to allow for the continuing medical education of medical personnel at the medical clinic; and
- Meet at least annually with the organization that owns and operates the medical clinic to evaluate the program and the medical care provided by the medical personnel of the medical clinic.

B. These requirements do not replace other requirements of practice.

**Historical Note**

New Section renumbered from R9-24-301 and amended by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**ARTICLE 4. REPEALED****R9-24-401. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-402. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-403. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-404. Repealed****Historical Note**

Adopted effective March 17, 1995. Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-405. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit A. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-406. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-407. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-408. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit B. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-409. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-410. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-411. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit C. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-412. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit D. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 15. DEPARTMENT OF HEALTH SERVICES**  
**LOAN REPAYMENT**

*Editor's Note: Articles 1, 2, and 3 made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001. The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).*

*Editor's Note: Sections R9-15-102 through R9-15-117 were repealed effective October 1, 1992; filed with the Office of the Secretary of State October 14, 1992, under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to Laws 1992, Ch. 301, § 61. Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. For the text of the rules which were repealed through this exemption, please refer to Supp. 89-4.*

**ARTICLE 1. GENERAL**

*Article 1, consisting of Section R9-15-101, made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).*

*Article 1 consisting of Sections R9-15-101 through R9-15-114 adopted effective November 16, 1983.*

*Former Article 1 consisting of Sections R9-15-101 through R9-15-117 repealed effective November 16, 1983.*

*Sections R9-15-102 through R9-15-104 repealed and new Section R9-15-102 adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6).*

**Section**

R9-15-101.	Definitions
R9-15-102.	Repealed
R9-15-103.	Repealed
R9-15-104.	Repealed
R9-15-105.	Repealed
R9-15-106.	Repealed
R9-15-107.	Repealed
R9-15-108.	Repealed
R9-15-109.	Repealed
R9-15-110.	Repealed
R9-15-111.	Repealed
R9-15-112.	Repealed
R9-15-113.	Repealed
R9-15-114.	Repealed
R9-15-115.	Repealed
R9-15-116.	Repealed
R9-15-117.	Repealed
Appendix A.	Repealed
Appendix B.	Repealed
Appendix C.	Repealed
Appendix D.	Repealed
Appendix E.	Repealed
Appendix F.	Repealed
Appendix G.	Repealed
Appendix H.	Repealed
Appendix I.	Repealed
Appendix J.	Repealed

**ARTICLE 2. PRIMARY CARE PROVIDER LOAN  
REPAYMENT PROGRAM**

*Article 2, consisting of Sections R9-15-201 through R9-15-218, made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).*

*Sections R9-15-211 through R9-15-230 repealed effective February 7, 1995 (Supp. 95-1).*

**Section**

R9-15-201.	Definitions
R9-15-202.	Loans Qualifying for Repayment
R9-15-203.	Loan Repayment Application and Award Timetable
R9-15-204.	Award Amounts
R9-15-205.	Loan Repayment Contract
R9-15-206.	Primary Care Provider Eligibility Criteria
R9-15-207.	Service Site Eligibility Criteria
R9-15-208.	Prioritization of Eligible Service Sites
R9-15-209.	Service Site Application
R9-15-210.	Primary Care Provider Application
R9-15-211.	Selection of Primary Care Providers
R9-15-212.	Reapplication
R9-15-213.	Service Verification
R9-15-214.	Loan Repayments
R9-15-215.	Notice of Failure to Complete Full Term of Service under the Contract at the Service Site
R9-15-216.	Liquidated Damages for Failure to Complete Full Term of Service under the Contract
R9-15-217.	Suspension of Service under the Contract to Transfer to Another Eligible Service Site
R9-15-218.	Waiver of Liquidated Damages
R9-15-219.	Repealed
R9-15-220.	Repealed
R9-15-221.	Repealed
R9-15-222.	Repealed
R9-15-223.	Repealed
R9-15-224.	Repealed
R9-15-225.	Repealed
R9-15-226.	Repealed
R9-15-227.	Repealed
R9-15-228.	Repealed
R9-15-229.	Repealed
R9-15-230.	Repealed

**ARTICLE 3. RURAL PRIVATE PRIMARY CARE  
PROVIDER LOAN REPAYMENT PROGRAM**

*Article 3, consisting of Sections R9-15-301 through R9-15-318, made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).*

*Former Article 3 consisting of Sections R9-15-301 through R9-15-313 repealed effective November 16, 1983 (Supp. 83-6).*

**Section**

R9-15-301.	Definitions
R9-15-302.	Loans Qualifying for Repayment
R9-15-303.	Loan Repayment Application and Award Timetable
R9-15-304.	Award Amounts
R9-15-305.	Loan Repayment Contract
R9-15-306.	Primary Care Provider Eligibility Criteria
R9-15-307.	Service Site Eligibility Criteria
R9-15-308.	Prioritization of Eligible Service Sites
R9-15-309.	Service Site Application



- R9-15-310. Primary Care Provider Application
- R9-15-311. Selection of Primary Care Providers
- R9-15-312. Reapplication
- R9-15-313. Service Verification
- R9-15-314. Loan Repayments
- R9-15-315. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site
- R9-15-316. Liquidated Damages for Failure to Complete Full Term of Service under the Contract
- R9-15-317. Suspension of Service under the Contract to Transfer to Another Eligible Service Site
- R9-15-318. Waiver of Liquidated Damages

## ARTICLE 1. GENERAL

### R9-15-101. Definitions

In this Chapter, unless otherwise specified:

1. "AHCCCS" means Arizona Health Care Cost Containment System.
2. "Ambulatory care services" means all types of primary care services that are provided only on an outpatient basis.
3. "Arizona medically underserved area" means a primary care area that is designated by the Secretary of the United States Department of Health and Human Services as a health professional shortage area or that is designated by the Department using the methodology described in A.A.C. R9-24-203.
4. "Business organization" means an entity such as a sole proprietorship, an unincorporated association, a corporation, a limited liability company, a partnership, or a governmental entity.
5. "Commercial loan" means an advance of money made by a bank, credit union, savings and loan association, insurance company, school, or other financial or credit institution that is subject to examination and supervision in its capacity as a lender by an agency of the United States or of the state in which the lender has its principal place of business.
6. "Complete application" means a submission from a primary care provider that contains all documents and information listed in either R9-15-209(A) and R9-15-210(A) and (B) or R9-15-309(A) and R9-15-310(A) and (B).
7. "Days" means calendar days, excluding the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday.
8. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
9. "Department" means the Arizona Department of Health Services.
10. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.
11. "Family unit" means a group of individuals residing together who are related by birth, marriage, or adoption or an individual who does not reside with another individual to whom the individual is related by birth, marriage, or adoption.
12. "Fiscal year" means the 12-month period from July 1 of one calendar year to June 30 of the following calendar year.
13. "Full-time" means for at least 40 hours during the seven-day period between Sunday at 12:00 a.m. and Saturday at 11:59 p.m.
14. "Government loan" means an advance of money made by a federal, state, county, or city agency.
15. "Health professional school" has the same meaning as "school" in 42 C.F.R. § 62.2.
16. "Health professional shortage area" means a geographic region designated by the Secretary of the United States Department of Health and Human Services under 42 U.S.C. § 254e.
17. "Immediate family" means an individual in any of the following relationships to the primary care provider:
  - a. Spouse,
  - b. Natural or adopted child,
  - c. Stepchild,
  - d. Natural or adoptive parent,
  - e. Stepparent,
  - f. Full or partial brother or sister,
  - g. Stepbrother or stepsister,
  - h. Grandparent or spouse of grandparent,
  - i. Grandchild or spouse of grandchild,
  - j. Father-in-law or mother-in-law,
  - k. Brother-in-law or sister-in-law, and
  - l. Son-in-law or daughter-in-law.
18. "Living expenses" has the same meaning as in 42 C.F.R. § 62.22.
19. "Mid-level provider" has the same meaning as in A.R.S. § 36-2171.
20. "Nurse midwife" means a registered nurse practitioner who is certified by the Arizona State Board of Nursing to perform as a midwife.
21. "Physician" has the same meaning as in A.R.S. § 36-2351.
22. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
23. "Population" means the total of permanent residents, according to the most recent decennial census published by the United States Census Bureau or according to the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security.
24. "Poverty level" means the annual income for a family unit of a particular size included in the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
25. "Primary care area" means a geographic region designated as a primary care area by the Department under A.A.C. R9-24-204.
26. "Primary care index" means the report in which the Department designates primary care areas as medically underserved by using the methodology described in A.A.C. R9-24-203.
27. "Primary care provider" means:
  - a. One of the following providing direct patient care in general or family practice, general internal medicine, pediatrics, or obstetrics:
    - i. A physician,
    - ii. A physician assistant,
    - iii. A registered nurse practitioner, or
    - iv. A nurse midwife; or
  - b. A dentist.
28. "Primary care services" means health care provided by a primary care provider.
29. "Private" means owned by and operated under the direction of an entity other than the federal or state government or a political subdivision of the state.
30. "Public" means owned by and operated under the direction of the federal or state government or a political subdivision of the state.

31. "Reasonable educational expenses" means educational expenses that are equal to or less than the health professional school's estimated standard student budget for educational expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
32. "Reasonable living expenses" means living expenses that are equal to or less than the health professional school's estimated standard student budget for living expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
33. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
34. "Rural" has the same meaning as in A.R.S. § 36-2171.
35. "Service site" means a medical or dental practice providing primary care services.
36. "Student" means an individual pursuing a course of study at a health professional school.
37. "Tuition" means the amount actually paid for instruction at a health professional school.

**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed effective February 7, 1995 (Supp. 95-1). New  
 Section made by final rulemaking at 7 A.A.R. 2823,  
 effective August 9, 2001 (Supp. 01-2).

**R9-15-102. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Section R9-15-102 repealed by emergency, new Section R9-15-102 adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Repealed effective December 22, 1989 (Supp. 89-4). Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-103. Repealed****Historical Note**

Adopted effective November 16, 1983. Repealed as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired, original text placed back into effect (Supp. 89-1). Subsections (A) and (B) amended as an emergency effective March 23, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Subsections (A) and (B) readopted and subsections (E) and (F) amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Repealed effective December 22, 1989 (Supp. 89-4). Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-104. Repealed****Historical Note**

Adopted effective November 16, 1983. Repealed as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Subsections (A) and (B) amended as an emergency effective March 23, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. See emergency adoption below (Supp. 89-2). Subsections (A) and (B) amended as an emergency effective March 23, 1989, pursuant to A.R.S.

§ 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Subsections (A) and (B) readopted and subsections (E) and (G) amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Repealed effective December 22, 1989 (Supp. 89-4). Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-105. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-106. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-107. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-108. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-109. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-110. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-111. Repealed****Historical Note**

Former Section R9-15-111 repealed, new Section R9-15-111 adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-112. Repealed****Historical Note**

Former Section R9-15-112 repealed, new Section R9-15-112 adopted effective November 16, 1983 (Supp. 83-6).  
 Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-113. Repealed****Historical Note**

Former Section R9-15-113 repealed, new Section R9-15-113 adopted effective November 16, 1983 (Supp. 83-6).  
Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-114. Repealed****Historical Note**

Former Section R9-15-114 repealed, new Section R9-15-114 adopted effective November 16, 1983 (Supp. 83-6).  
Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-115. Repealed****Historical Note**

Repealed effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-116. Repealed****Historical Note**

Repealed effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**R9-15-117. Repealed****Historical Note**

Repealed effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix A. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix B. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix C. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix D. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix E. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41,

Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix F. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix G. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix H. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix I. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

**Appendix J. Repealed****Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).  
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

## **ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

**R9-15-201. Definitions**

In this Article, unless otherwise specified:

1. "Degree-of-shortage ranking" means a number assigned to a HPSA by the United States Secretary of Health and Human Services to indicate the severity of need for primary care providers.
2. "HPSA" means health professional shortage area.
3. "Nonprofit" means owned by and operated under the direction of an entity that is recognized as exempt under § 501 of the United States Internal Revenue Code.
4. "PCPLRP" means primary care provider loan repayment program.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-202. Loans Qualifying for Repayment**

A. The Department shall use PCPLRP funds only to repay:

1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
  - a. Tuition,
  - b. Reasonable educational expenses, and
  - c. Reasonable living expenses; or

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2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).

**B.** Obligations or debts incurred under the following are ineligible for repayment:

1. The National Health Service Corps Scholarship Program,
2. The Armed Forces Health Professional Scholarship Program,
3. The Indian Health Service Scholarship Program, and
4. The Arizona Medical Student Loan Program.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-203. Loan Repayment Application and Award Timetable**

**A.** The Department shall accept applications for the PCPLRP from primary care providers on a quarterly basis each fiscal year, as described below.

1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between December 16 and March 15.
2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.

**B.** Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.

1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
2. A primary care provider whose application is denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.

**C.** The Department shall deny applications when no funds remain for the fiscal year. A primary care provider whose application is denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-204. Award Amounts**

**A.** The Department determines the annual amount of a loan repayment award based upon:

1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation,
2. The amount of loan repayment requested,
3. The contract year of service, and
4. The availability of funds.

**B.** The Department provides loan repayment awards to physicians and dentists according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$20,000	\$18,000	\$16,000
Second year	\$20,000	\$18,000	\$16,000
Third year	\$22,000	\$20,000	\$18,000
Fourth year	\$25,000	\$22,000	\$20,000

**C.** The Department provides loan repayment awards to mid-level providers according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$7,500	\$6,000	\$5,000
Second year	\$7,500	\$6,000	\$5,000
Third year	\$9,000	\$7,500	\$6,500
Fourth year	\$10,500	\$9,000	\$8,000

**D.** The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.

**E.** The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-205. Loan Repayment Contract**

**A.** In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months in accordance with the agreements described in R9-15-206(A). The primary care provider shall sign and return the contract to the Department.

**B.** The contract shall comply with A.R.S. Title 41, Chapter 23 and 2 A.A.C. 7.

**C.** Primary care services performed before the effective date of the PCPLRP contract do not count toward satisfaction of the period of service under the contract.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-206. Primary Care Provider Eligibility Criteria**

**A.** To be eligible to participate in the PCPLRP, a primary care provider shall:

1. Be a United States citizen;
2. Have completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
3. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
  - a. Family or general practice,

- b. Pediatrics,
- c. Obstetrics, or
- d. Internal medicine;
- 5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider;
- 6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24-month contract extensions available upon mutual agreement with the individual in the senior leadership position at the service site;
- 7. Agree, unless an obstetrician or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
- 8. Agree, if an obstetrician or nurse midwife, to work at least 21 hours per week providing ambulatory care services at the service site during scheduled office hours;
- 9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on poverty level or not charged;
- 10. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
- 11. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
- 12. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the PCPLRP.

**B. The following are not eligible to participate:**

- 1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
- 2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
- 3. A primary care provider who is in a for-profit practice.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-207. Service Site Eligibility Criteria**

To be eligible to have a primary care provider participate in the PCPLRP, a service site shall:

- 1. Provide primary care services in a public or nonprofit private practice located in a HPSA;
- 2. Accept Medicare assignment;
- 3. Be an AHCCCS provider;
- 4. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on poverty level or not charged; and
- 5. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-208. Prioritization of Eligible Service Sites**

**A. The Department shall prioritize eligible service sites by assigning points based upon the following criteria:**

- 1. Location of the service site:
 

Location	Points
Rural	4
Non-rural	0
- 2. Degree-of-shortage ranking assigned to the HPSA in which the service site is located by the United States Secretary of Health and Human Services:
 

Degree-of-shortage ranking	Points
1	4
2	3
3	2
4	1
- 3. Population-to-primary-care-provider ratio points received by the primary care area in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
- 4. Percentage of minority population in the primary care area in which the service site is located as set forth in the most recent primary care index:
 

Percentage	Points
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0
- 5. Distance from the service site to the nearest city or town with a population of 20,000 or greater:
 

Miles	Points
≥45	4
<45	0

**B. The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):**

- 1. A service site that scores 18 to 26 points is priority 1;
- 2. A service site that scores 9 to 17 points is priority 2; and
- 3. A service site that scores 8 or fewer points is priority 3.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-209. Service Site Application**

**A. The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, to have the Department determine service site eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider applying to participate in the PCPLRP. The completed service site application shall include the following information:**

- 1. The name and street address of the service site;
- 2. The service site's business organization type;
- 3. The following information about the HPSA in which the service site is located, if known:
  - a. Name,
  - b. Federal identification number, and
  - c. Federal degree-of-shortage ranking;
- 4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
- 5. The prospective employer's business organization type, if the prospective employer is different from the service site;
- 6. A statement that the service site is in compliance with the requirements of R9-15-207;

7. A statement that the service site has financial means available to provide the following to the primary care provider for a minimum of 24 months of full-time services:
    - a. Salary,
    - b. Benefits, and
    - c. Malpractice insurance expenses;
  8. The service site's Medicare identification number;
  9. The service site's AHCCCS provider number;
  10. The notarized signature of the individual in the senior leadership position at the service site certifying that all of the information on the application is true; and
  11. The following documentation:
    - a. A copy of the service site's sliding-fee scale, and
    - b. A copy of the service site's policy for using the sliding-fee scale.
- B.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the PCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- Historical Note**
- New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).
- R9-15-210. Primary Care Provider Application**
- A.** To apply for loan repayment, a primary care provider shall submit to the Department the following documents:
1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B);
  2. A copy of the primary care provider's social security card;
  3. A copy of one of the following issued to the primary care provider:
    - a. Birth certificate,
    - b. United States passport, or
    - c. Naturalization papers;
  4. A copy of the loan documents for each qualifying loan for which repayment is requested;
  5. Documentation showing that the primary care provider has completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  6. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  7. If a physician, documentation showing that the primary care provider has completed a professional residency program in and is either board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice,
    - b. Pediatrics,
    - c. Obstetrics, or
    - d. Internal medicine;
  8. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award, or a copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
  9. Documentation showing that any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity will be satisfied before beginning a period of service under the PCPLRP;
  10. A completed service site application; and
  11. A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
1. The following information about the primary care provider:
    - a. Full name;
    - b. Social security number;
    - c. Date of birth;
    - d. Citizenship;
    - e. Ethnicity;
    - f. Gender;
    - g. Home address;
    - h. Home and alternate telephone numbers;
    - i. Work address;
    - j. Work telephone number;
    - k. Whether the primary care provider is:
      - i. A physician,
      - ii. A physician assistant,
      - iii. A registered nurse practitioner,
      - iv. A nurse midwife, or
      - v. A dentist;
    - l. Whether the primary care provider specializes in:
      - i. Family or general practice,
      - ii. Pediatrics,
      - iii. Obstetrics, or
      - iv. Internal medicine;
    - m. The primary care provider's subspecialty, if any;
    - n. Whether the primary care provider is fluent in:
      - i. Spanish;
      - ii. A Native American language, which shall be identified; or
      - iii. Another non-English language, which shall be identified;
    - o. The method by which the primary care provider learned of the PCPLRP;
    - p. The degrees held by the primary care provider, including majors or fields of study;
    - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
      - i. The name and address of the program,
      - ii. The name and telephone number of an individual with the program who may be contacted for further information, and
      - iii. The terms of the obligation;
    - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
    - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;
  2. The following information about each undergraduate school that the primary care provider attended:
    - a. Name;

- b. Address;
  - c. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number;
3. The following information about each graduate school that the primary care provider attended:
  - a. Name;
  - b. Address;
  - c. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number;
4. The following information about each institution where the primary care provider commenced or completed an internship:
  - a. Name;
  - b. Address;
  - c. Month and year that the internship commenced;
  - d. Month and year of graduation or termination of the internship;
  - e. The following information about one reference at the institution:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;
5. The following information about each institution where the primary care provider commenced or completed a residency:
  - a. Name;
  - b. Address;
  - c. Month and year that the residency commenced;
  - d. Month and year of graduation or termination of the residency;
  - e. The following information about one reference at the institution:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;
6. The following information about each license held by the primary care provider:
  - a. Type of license,
  - b. Issuing state,
  - c. License number,
  - d. Term of the license, and
  - e. A description of any license restrictions;
7. The following information about each certification held by the primary care provider:
  - a. Type of certification,
  - b. Issuing state,
  - c. Term of the certification, and
  - d. A description of any certification restrictions;
8. The following information about each location where the primary care provider has practiced since completing health professional training:
  - a. Name;
  - b. Address; and
  - c. The following information about the individual in the senior leadership position at the location:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number;
9. The following information about the service site:
  - a. Name,
  - b. Address,
  - c. Telephone number, and
  - d. Name of the individual in the senior leadership position at the service site;
10. The following information about the prospective employer, if different from the service site:
  - a. Name,
  - b. Address, and
  - c. Telephone number;
11. The dates on which service under the contract is to commence and end;
12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
  - a. Full name,
  - b. Title,
  - c. Address, and
  - d. Telephone number;
13. The following information about each loan for which repayment is sought:
  - a. Lender name;
  - b. Lender address;
  - c. Lender telephone number;
  - d. Loan identification number;
  - e. Primary care provider name as it appears on the loan;
  - f. Original amount of the loan;
  - g. Current balance of the loan, including the date provided;
  - h. Interest rate on the loan;
  - i. Whether it is simple interest and an explanation if it is not simple interest;
  - j. Purpose for the loan as indicated on the loan application; and
  - k. The month and year of the beginning and end of the academic period covered by the loan;
14. The following statements:
  - a. That the information provided in the application is accurate;
  - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
  - c. That the Department is authorized to verify all information provided in the application;
  - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
  - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
  - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
    - i. Making a false statement, misrepresentation, or material omission in the application;
    - ii. Fraudulently obtaining repayment for a loan; or
    - iii. Committing any other illegal action in connection with the PCPLRP;

15. The notarized signature of the primary care provider certifying that the statements listed in subsection (B)(14) are true; and
  16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-211. Selection of Primary Care Providers**

- A.** Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:
1. The service site limit described in R9-15-203(B);
  2. The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and
  3. The primary care provider's professional competence and conduct, as evidenced by:
    - a. Academic standing;
    - b. Prior professional experience in a HPSA;
    - c. Board certification, if applicable;
    - d. Residency achievements, if applicable;
    - e. Reference recommendations;
    - f. Depth of past residency practice experience, if applicable; and
    - g. Other information related to professional competence and conduct, if any.
- B.** The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.
- C.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:
1. Is denied a loan repayment award;
  2. Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or
  3. Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.
- D.** A primary care provider who receives notice of appealable agency action may appeal the Department's decision.
1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-212. Reapplication**

- A.** If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
1. The following information about the primary care provider:
    - a. Full name,
    - b. Social security number,
    - c. Date of birth,
    - d. Home address,
    - e. Home and alternate telephone numbers,
    - f. Work address, and
    - g. Work telephone number;
  2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
  3. The following statements:
    - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
    - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
    - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
    - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
    - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
    - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
      - i. Making a false statement, misrepresentation, or material omission in the application;
      - ii. Fraudulently obtaining repayment for a loan; or
      - iii. Committing any other illegal action in connection with the PCPLRP;
  4. The notarized signature of the primary care provider certifying that the statements listed in subsection (A)(3) are true;
  5. The full name and title of the individual in the senior leadership position at the service site;
  6. A statement that the information on the original service site application is still accurate; and
  7. The notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (A)(6) is true.
- B.** If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by R9-15-209(A) and R9-15-210(A) and (B).



**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-213. Service Verification**

- A. The Department awards loan repayment for continuous service during the contract period in accordance with the agreements in R9-15-206(A).
- B. To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form, provided by the Department, at the end of each 90 days of service.
  - 1. The primary care provider shall submit the service verification form no later than 14 days after the end of the 90-day period.
  - 2. Failure to submit the service verification form in a timely manner may result in delay of payment to the lender or lenders.
- C. The service verification form shall contain the following:
  - 1. The name of the primary care provider,
  - 2. The name and address of the service site,
  - 3. The beginning and ending dates of the 90-day period,
  - 4. A statement that the primary care provider has provided full-time and continuous service at the service site for the 90-day period,
  - 5. The notarized signature of the primary care provider certifying that the statement in subsection (C)(4) is true, and
  - 6. The notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (C)(4) is true.

**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-214. Loan Repayments**

- A. Upon receipt of a completed service verification form, the Department shall make payment for the 90-day period directly to the primary care provider's lender or lenders.
- B. The Department restricts loan repayment to a maximum of three lenders.
- C. If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.
- D. The primary care provider remains responsible for timely repayment of the loan or loans.
- E. The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.
- F. The primary care provider is responsible for paying any taxes resulting from a loan repayment award.
- G. Loan repayment awards are in addition to salary or compensation the primary care provider receives from employment at the service site.

**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-215. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site**

- A. A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within ten days of making that determination. A primary care provider who does not intend to complete the full term of service under the contract at

the service site shall notify the Department in writing at least ten days before terminating service under the contract at the service site.

- B. If a primary care provider dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within ten days of the primary care provider's death or incapacitation.
- C. In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.

**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-216. Liquidated Damages for Failure to Complete Full Term of Service under the Contract**

- A. A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under R9-15-218.
- B. A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under R9-15-217, whichever is later.

**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-217. Suspension of Service under the Contract to Transfer to Another Eligible Service Site**

- A. A primary care provider who is unable or does not intend to complete the full term of service under the contract at the original service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.
- B. Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.
- C. The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.
- D. A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.
  - 1. To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:
    - a. The following information about the primary care provider:
      - i. Full name,
      - ii. Address, and
      - iii. Telephone number;
    - b. The following information about the original service site:
      - i. Name,
      - ii. Address,
      - iii. Telephone number, and
      - iv. Full name and telephone number of the individual in the senior leadership position;

- c. The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;
  - d. The beginning and ending dates of the requested suspension;
  - e. A statement that all of the information included in the request for suspension is true and accurate; and
  - f. The signature of the primary care provider.
- 2. Upon receiving a request for suspension, the Department shall contact the individual in the senior leadership position at the original service site:
  - a. To verify the information in the request for suspension, and
  - b. To obtain the opinion of the original service site's leadership regarding the circumstances that caused the request for suspension.
- 3. The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- E. During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan payments during the suspension period.
- F. If the primary care provider does not obtain employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in R9-15-216, unless the primary care provider is able to obtain a waiver under R9-15-218.

#### Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

#### R9-15-218. Waiver of Liquidated Damages

- A. The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.
- B. The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
  - 1. The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
  - 2. The primary care provider has:
    - a. A physical or mental disability,
    - b. A terminal illness in the immediate family, or
    - c. Another problem of a personal nature; and
    - d. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
- C. A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
  - 1. The following information about the primary care provider:
    - a. Full name,
    - b. Address, and
    - c. Telephone number;
  - 2. The following information about the service site:
    - a. Name,
    - b. Address,
    - c. Telephone number, and
    - d. Full name and telephone number of the individual in the senior leadership position;
- 3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
- 4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
- 5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
- 6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
- 7. A statement that all of the information included in the request for waiver is true and accurate; and
- 8. The signature of the primary care provider.
- D. Upon receiving a request for waiver, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the opinion of the service site's leadership regarding the circumstance or condition that caused the request for waiver.
- E. In determining whether to grant a waiver under this Section, the Department shall consider:
  - 1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
  - 2. If the primary care provider is asserting eligibility under subsection (B)(2):
    - a. The nature, extent, and duration of the problem described;
    - b. The primary care provider's present financial resources and obligations; and
    - c. The primary care provider's estimated future financial resources and obligations; and
  - 3. Whether the primary care provider would be eligible to receive a cancellation or waiver of a service or payment obligation from the Secretary of the United States Department of Health and Human Services under 42 C.F.R. §§ 62.12 and 62.28.
- F. The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.
- G. A primary care provider may appeal the Department's denial of a waiver.
  - 1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  - 2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

#### Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

#### R9-15-219. Repealed

#### Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

#### R9-15-220. Repealed

#### Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-221. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-222. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-223. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-224. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-225. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-226. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-227. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-228. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-229. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

**R9-15-230. Repealed****Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1).

### **ARTICLE 3. RURAL PRIVATE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

**R9-15-301. Definitions**

In this Article, unless otherwise specified:

1. "AzMUA" means Arizona medically underserved area.
2. "Encounter" means an incident during which a primary care provider provides health care.
3. "RPPCPLRP" means Rural Private Primary Care Provider Loan Repayment Program.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-302. Loans Qualifying for Repayment**

- A. The Department shall use RPPCPLRP funds only to repay:
  1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
    - a. Tuition,
    - b. Reasonable educational expenses, and
    - c. Reasonable living expenses; or
  2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).
- B. Obligations or debts incurred under the following are ineligible for repayment:

1. The National Health Service Corps Scholarship Program,
2. The Armed Forces Health Professional Scholarship Program,
3. The Indian Health Service Scholarship Program, and
4. The Arizona Medical Student Loan Program.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-303. Loan Repayment Application and Award Timetable**

- A. The Department shall accept applications for the RPPCPLRP from primary care providers on a quarterly basis each fiscal year, as described below.
  1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between December 16 and March 15.
  2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
  3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
  4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.
- B. Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.
  1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
  2. A primary care provider whose application is denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.
- C. The Department shall deny applications received when no funds remain for the fiscal year. A primary care provider whose application is denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-304. Award Amounts**

- A. The Department determines the annual amount of a loan repayment award based upon:
  1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation,
  2. The amount of loan repayment requested,
  3. The contract year of service, and
  4. The availability of funds.
- B. The Department provides loan repayment awards to physicians and dentists according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$20,000	\$18,000	\$16,000
Second year	\$20,000	\$18,000	\$16,000
Third year	\$22,000	\$20,000	\$18,000
Fourth year	\$25,000	\$22,000	\$20,000

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- C. The Department provides loan repayment awards to mid-level providers according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$7,500	\$6,000	\$5,000
Second year	\$7,500	\$6,000	\$5,000
Third year	\$9,000	\$7,500	\$6,500
Fourth year	\$10,500	\$9,000	\$8,000

- D. The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.
- E. The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-305. Loan Repayment Contract**

- A. In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months in accordance with the agreements described in R9-15-306(A). The primary care provider shall sign and return the contract to the Department.
- B. The contract shall comply with A.R.S. Title 41, Chapter 23 and 2 A.A.C. 7.
- C. Primary care services performed before the effective date of the RPPCPLRP contract do not count toward satisfaction of the period of service under the contract.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-306. Primary Care Provider Eligibility Criteria**

- A. To be eligible to participate in the RPPCPLRP, a primary care provider shall:
1. Be a United States citizen;
  2. Have completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  3. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice,
    - b. Pediatrics,
    - c. Obstetrics, or
    - d. Internal medicine;
  5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider or be a sole practitioner running an eligible service site;

6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24-month contract extensions available upon mutual agreement with the individual in the senior leadership position at the service site;
7. Agree, unless an obstetrician or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
8. Agree, if an obstetrician or nurse midwife, to work at least 21 hours per week providing ambulatory care services at the service site during scheduled office hours;
9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that medically uninsured individuals from family units with annual incomes below 200% of the poverty level shall be charged according to a discounted sliding-fee scale approved by the Department or not charged;
10. Agree to notify consumers of the availability of the discounted sliding-fee scale to eligible individuals;
11. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
12. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
13. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the RPPCPLRP.

- B. The following are not eligible to participate:

1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
3. A primary care provider whose service site is located in a non-rural area.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-307. Service Site Eligibility Criteria**

To be eligible to have a primary care provider participate in the RPPCPLRP, a service site shall:

1. Provide primary care services in a rural private practice located in an AzMUA;
2. Accept Medicare assignment;
3. Be an AHCCCS provider;
4. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that medically uninsured individuals from family units with annual incomes below 200% of the federal poverty level shall be charged a reduced rate according to a discounted sliding-fee scale approved by the Department or not charged;
5. Submit the discounted sliding-fee scale to the Department for approval;
6. Ensure notice to consumers of the availability of the discounted sliding-fee scale to eligible individuals by, at a minimum, posting in the reception area a poster provided by the Department that advertises the availability of the discounted sliding-fee scale for eligible individuals; and
7. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823,  
effective August 9, 2001 (Supp. 01-2).

**R9-15-308. Prioritization of Eligible Service Sites**

A. The Department shall prioritize eligible service sites by assigning points based upon the following criteria:

1. Placement of the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203:

Placement	Points
Top 25th Percentile	4
Next 25th Percentile	3
Next 25th Percentile	2
Bottom 25th Percentile	1

2. Population-to-primary-care-provider ratio points received by the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
3. Percentage of minority population in the AzMUA in which the service site is located as set forth in the most recent primary care index generated under A.A.C. R9-24-203:

Percentage	Points
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0

4. Distance from the service site to the nearest city or town with a population of 20,000 or greater:

Miles	Points
≥45	4
<45	0

B. The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):

1. A service site that scores 15 to 22 points is priority 1;
2. A service site that scores 7 to 14 points is priority 2; and
3. A service site that scores 6 or fewer points is priority 3.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823,  
effective August 9, 2001 (Supp. 01-2).

**R9-15-309. Service Site Application**

A. The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, to have the Department determine service site eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider applying to participate in the RPPCPLRP. The completed service site application shall include the following information:

1. The name and street address of the service site;
2. The service site's business organization type;
3. The name of the AzMUA in which the service site is located;
4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
5. The prospective employer's business organization type, if the prospective employer is different from the service site;
6. A statement that the service site is in compliance with the requirements of R9-15-307;
7. A statement that the service site has financial means available to provide the following to the primary care

provider for a minimum of 24 months of full-time services:

- a. Salary,
  - b. Benefits, and
  - c. Malpractice insurance expenses;
8. The service site's Medicare identification number;
  9. The service site's AHCCCS provider number;
  10. The notarized signature of the individual in the senior leadership position at the service site certifying that all of the information on the application is true; and
  11. The following documentation:
    - a. A copy of the service site's sliding-fee scale, and
    - b. A copy of the service site's policy for using the sliding-fee scale.
- B. The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the RPPCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- C. If a primary care provider is a sole practitioner, the primary care provider shall complete the service site application as the individual in the senior leadership position at the service site, and the Department will treat the primary care provider as the individual in the senior leadership position at the service site for purposes of subsection (B).

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823,  
effective August 9, 2001 (Supp. 01-2).

**R9-15-310. Primary Care Provider Application**

A. To apply for loan repayment, a primary care provider shall submit to the Department the following documents:

1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B);
2. A copy of the primary care provider's social security card;
3. A copy of one of the following issued to the primary care provider:
  - a. Birth certificate,
  - b. United States passport, or
  - c. Naturalization papers;
4. A copy of the loan documents for each qualifying loan for which repayment is requested;
5. Documentation showing that the primary care provider has completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
6. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
7. If a physician, documentation showing that the primary care provider has completed a professional residency program and is either board certified or eligible to sit for the certifying examination in:
  - a. Family or general practice,
  - b. Pediatrics,
  - c. Obstetrics, or
  - d. Internal medicine;

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8. If the primary care provider is not a sole practitioner:
    - a. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award; or
    - b. A copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
  9. Documentation showing that any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity will be satisfied before beginning a period of service under the RPPCPLRP;
  10. A completed service site application; and
  11. A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
1. The following information about the primary care provider:
    - a. Full name;
    - b. Social security number;
    - c. Date of birth;
    - d. Citizenship;
    - e. Ethnicity;
    - f. Gender;
    - g. Home address;
    - h. Home and alternate telephone numbers;
    - i. Work address;
    - j. Work telephone number;
    - k. Whether the primary care provider is:
      - i. A physician,
      - ii. A physician assistant,
      - iii. A registered nurse practitioner,
      - iv. A nurse midwife, or
      - v. A dentist;
    - l. Whether the primary care provider specializes in:
      - i. Family or general practice,
      - ii. Pediatrics,
      - iii. Obstetrics, or
      - iv. Internal medicine;
    - m. The primary care provider's subspecialty, if any;
    - n. Whether the primary care provider is fluent in:
      - i. Spanish;
      - ii. A Native American language, which shall be identified; or
      - iii. Another non-English language, which shall be identified;
    - o. The method by which the primary care provider learned of the RPPCPLRP;
    - p. The degrees held by the primary care provider, including majors or fields of study;
    - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
      - i. The name and address of the program,
      - ii. The name and telephone number of an individual with the program who may be contacted for further information, and
      - iii. The terms of the obligation;
    - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
  - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;
  2. The following information about each undergraduate school that the primary care provider attended:
    - a. Name;
    - b. Address;
    - c. Month and year that attendance commenced;
    - d. Month and year of graduation or termination of attendance;
    - e. Degree obtained by the primary care provider; and
    - f. The following information about one reference at the school:
      - i. Full name,
      - ii. Title, and
      - iii. Telephone number;
  3. The following information about each graduate school that the primary care provider attended:
    - a. Name;
    - b. Address;
    - c. Month and year that attendance commenced;
    - d. Month and year of graduation or termination of attendance;
    - e. Degree obtained by the primary care provider; and
    - f. The following information about one reference at the school:
      - i. Full name,
      - ii. Title, and
      - iii. Telephone number;
  4. The following information about each institution where the primary care provider commenced or completed an internship:
    - a. Name;
    - b. Address;
    - c. Month and year that the internship commenced;
    - d. Month and year of graduation or termination of the internship;
    - e. The following information about one reference at the institution:
      - i. Full name,
      - ii. Title, and
      - iii. Telephone number, and
    - f. The name and address of the affiliated university or health professional program;
  5. The following information about each institution where the primary care provider commenced or completed a residency:
    - a. Name;
    - b. Address;
    - c. Month and year that the residency commenced;
    - d. Month and year of graduation or termination of the residency;
    - e. The following information about one reference at the institution:
      - i. Full name,
      - ii. Title, and
      - iii. Telephone number; and
    - f. The name and address of the affiliated university or health professional program;
  6. The following information about each license held by the primary care provider:
    - a. Type of license,
    - b. Issuing state,
    - c. License number,
    - d. Term of the license, and
    - e. A description of any license restrictions;
  7. The following information about each certification held by the primary care provider:
    - a. Type of certification,

- b. Issuing state;
    - c. Term of the certification, and
    - d. A description of any certification restrictions;
  - 8. The following information about each location where the primary care provider has practiced since completing health professional training:
    - a. Name;
    - b. Address; and
    - c. The following information about the individual in the senior leadership position at the location:
      - i. Full name,
      - ii. Title, and
      - iii. Telephone number;
  - 9. The following information about the service site:
    - a. Name;
    - b. Address;
    - c. Telephone number; and
    - d. If the primary care provider is not a sole practitioner, name of the individual in the senior leadership position at the service site;
  - 10. If the primary care provider is not a sole practitioner, the following information about the prospective employer, if different from the service site:
    - a. Name,
    - b. Address, and
    - c. Telephone number;
  - 11. The dates on which service under the contract is to commence and end;
  - 12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
    - a. Full name,
    - b. Title,
    - c. Address, and
    - d. Telephone number;
  - 13. The following information about each loan for which repayment is sought:
    - a. Lender name;
    - b. Lender address;
    - c. Lender telephone number;
    - d. Loan identification number;
    - e. Primary care provider name as it appears on the loan;
    - f. Original amount of the loan;
    - g. Current balance of the loan, including the date provided;
    - h. Interest rate on the loan;
    - i. Whether it is simple interest and an explanation if it is not simple interest;
    - j. Purpose for the loan as indicated on the loan application; and
    - k. The month and year of the beginning and end of the academic period covered by the loan;
  - 14. The following statements:
    - a. That the information provided in the application is accurate;
    - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
    - c. That the Department is authorized to verify all information provided in the application;
    - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
    - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
    - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
      - i. Making a false statement, misrepresentation, or material omission in the application;
      - ii. Fraudulently obtaining repayment for a loan; or
      - iii. Committing any other illegal action in connection with the RPPCPLRP;
  - 15. The notarized signature of the primary care provider certifying that the statements listed in subsection (B)(14) are true; and
  - 16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.
- Historical Note**
- New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).
- R9-15-311. Selection of Primary Care Providers**
- A.** Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:
- 1. The service site limit described in R9-15-303(B);
  - 2. The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and
  - 3. The primary care provider's professional competence and conduct, as evidenced by:
    - a. Academic standing;
    - b. Prior professional experience in an AzMUA,
    - c. Board certification, if applicable;
    - d. Residency achievements, if applicable;
    - e. Reference recommendations;
  - f. Depth of past residency practice experience, if applicable; and
  - g. Other information related to professional competence and conduct, if any.
- B.** The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.
- C.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:
- 1. Is denied a loan repayment award;
  - 2. Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or
  - 3. Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.
- D.** A primary care provider who receives notice of appealable agency action may appeal the Department's decision.
- 1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Depart-

ment within 30 days after receiving the notice of appealable agency action.

2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

#### Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

#### R9-15-312. Reapplication

- A. If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
  1. The following information about the primary care provider:
    - a. Full name,
    - b. Social security number,
    - c. Date of birth,
    - d. Home address,
    - e. Home and alternate telephone numbers,
    - f. Work address, and
    - g. Work telephone number;
  2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
  3. The following statements:
    - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
    - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
    - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
    - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
    - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
    - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
      - i. Making a false statement, misrepresentation, or material omission in the application;
      - ii. Fraudulently obtaining repayment for a loan; or
      - iii. Committing any other illegal action in connection with the RPPCPLRP;
  4. The notarized signature of the primary care provider certifying that the statements listed in subsection (A)(3) are true;
  5. If the primary care provider is not a sole practitioner, the full name and title of the individual in the senior leadership position at the service site;
  6. A statement that the information on the original service site application is still accurate; and
  7. One of the following:

- a. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (A)(6) is true; or
- b. If the primary care provider is a sole practitioner, the notarized signature of the primary care provider certifying that the statement in subsection (A)(6) is true.

- B. If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by R9-15-309(A) and R9-15-310(A) and (B).

#### Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

#### R9-15-313. Service Verification

- A. The Department awards loan repayment for continuous service during the contract period in accordance with the agreements in R9-15-306(A).
- B. To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form and a completed encounter report, provided by the Department, at the end of each 90 days of service.
  1. The primary care provider shall submit the service verification form and the encounter report no later than 14 days after the end of the 90-day period.
  2. Failure to submit the service verification form and the encounter report in a timely manner may result in delay of payment to the lender or lenders.
- C. The service verification form shall contain the following:
  1. The name of the primary care provider;
  2. The name and address of the service site;
  3. The beginning and ending dates of the 90-day period;
  4. A statement that the primary care provider has provided full-time and continuous service at the service site for the 90-day period;
  5. The notarized signature of the primary care provider certifying that the statement in subsection (C)(4) is true; and
  6. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (C)(4) is true.
- D. The encounter form shall contain the following:
  1. The name of the primary care provider;
  2. The name and address of the service site;
  3. The number of encounters during the 90-day-period with individuals who were charged using the sliding-fee scale or were not charged;
  4. The beginning and ending dates of the 90-day period;
  5. A statement that the primary care provider has provided the services reported in the encounter report in accordance with the terms and conditions of the primary care provider's loan repayment contract with the Department;
  6. The notarized signature of the primary care provider certifying that the statement in subsection (D)(5) is true; and
  7. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (D)(5) is true.

#### Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).



**R9-15-314. Loan Repayments**

- A. Upon receipt of a completed service verification form and a completed encounter report, the Department shall make payment for the 90-day period directly to the primary care provider's lender or lenders.
- B. The Department restricts loan repayment to a maximum of three lenders.
- C. If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.
- D. The primary care provider remains responsible for timely repayment of the loan or loans.
- E. The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.
- F. The primary care provider is responsible for paying any taxes resulting from a loan repayment award.
- G. Loan repayment awards are in addition to salary or compensation the primary care provider receives from employment at the service site.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-315. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site**

- A. A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within ten days of making that determination. A primary care provider who does not intend to complete the full term of service under the contract at the service site shall notify the Department in writing at least ten days before terminating service under the contract at the service site.
- B. If a primary care provider who is not a sole practitioner dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within ten days of the primary care provider's death or incapacitation.
- C. In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-316. Liquidated Damages for Failure to Complete Full Term of Service under the Contract**

- A. A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under R9-15-318.
- B. A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under R9-15-317, whichever is later.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-317. Suspension of Service under the Contract to Transfer to Another Eligible Service Site**

- A. A primary care provider who is unable or does not intend to complete the full term of service under the contract at the orig-

inal service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.

- B. Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.
- C. The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.
- D. A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.
  - 1. To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:
    - a. The following information about the primary care provider:
      - i. Full name,
      - ii. Address, and
      - iii. Telephone number;
    - b. The following information about the original service site:
      - i. Name;
      - ii. Address;
      - iii. Telephone number; and
      - iv. Full name and telephone number of the individual in the senior leadership position or, if the primary care provider is a sole practitioner, of the primary care provider;
    - c. The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;
    - d. The beginning and ending dates of the requested suspension;
    - e. A statement that all of the information included in the request for suspension is true and accurate; and
    - f. The signature of the primary care provider.
  - 2. Upon receiving a request for suspension, if the primary care provider is not a sole practitioner, the Department shall contact the individual in the senior leadership position at the original service site:
    - a. To verify the information in the request for suspension, and
    - b. To obtain the opinion of the original service site's leadership regarding the circumstances that caused the request for suspension.
  - 3. The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- E. During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan repayments during the suspension period.
- F. If the primary care provider does not obtain employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in R9-15-316, unless the primary care provider is able to obtain a waiver under R9-15-318.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

**R9-15-318. Waiver of Liquidated Damages**

- A. The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.

- B.** The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
1. The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
  2. The primary care provider has:
    - a. A physical or mental disability,
    - b. A terminal illness in the immediate family, or
    - c. Another problem of a personal nature; and
  3. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
- C.** A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
1. The following information about the primary care provider:
    - a. Full name,
    - b. Address, and
    - c. Telephone number;
  2. The following information about the service site:
    - a. Name;
    - b. Address;
    - c. Telephone number; and
    - d. If the primary care provider is not a sole practitioner, full name and telephone number of the individual in the senior leadership position;
  3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
  4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
  5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
  6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
  7. A statement that all of the information included in the request for waiver is true and accurate; and
  8. The signature of the primary care provider.
- D.** Upon receiving a request for waiver, if the primary care provider is not a sole practitioner, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the opinion of the service site's leadership regarding the circumstance or condition that caused the request for waiver.
- E.** In determining whether to grant a waiver under this Section, the Department shall consider:
1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
  2. If the primary care provider is asserting eligibility under subsection (B)(2):
    - a. The nature, extent, and duration of the problem described;
    - b. The primary care provider's present financial resources and obligations; and
    - c. The primary care provider's estimated future financial resources and obligations.
- F.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.
- G.** A primary care provider may appeal the Department's denial of a waiver.
1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).